

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised June 10, 2003

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-36036
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Hampton 1
8. Well Number 1
9. OGRID Number 147179
10. Pool name or Wildcat Wildcat Upper Penn

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH
PROPOSALS.)

1. Type of Well:
Oil Well ☐ Gas Well ☒ Other

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P. O. Box 18496, Oklahoma City, OK 73154-0496

4. Well Location
Unit Letter N : 660 feet from the South line and 2050 feet from the West line
Section 1 Township 15S Range 35E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR: 3966.7'

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☒ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

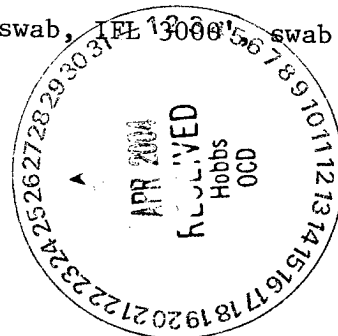
OTHER: ☐

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

01/20/04 MIRU Schlumberger to add perfs, Perf Canyon 11644-664 @ 4 spf; Perf 11634-644' @4 spf, POOH, RD Schlumberger

01/21/04 MIRU El Toro WS swab unit #30; make 8 runs

01/22/04 Open well up on 22.64", bleed down in 2 hrs, RIH w/swab, 13000' swab to SN



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale TITLE Regulatory Analyst DATE 04/20/04

Type or print name Barbara J. Bale E-mail address: Telephone No. (405) 848-8000
(This space for State use)

APPROVED BY Larry W. Wink TITLE OG FIELD REPRESENTATIVE II/STAFF MANAGER DATE MAY 03 2004
Conditions of approval, if any: