

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

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

Form C-103

March 4, 2004

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| 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.) | | WELL API NO. 30-025-36715 |
| 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> | | 5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 2. Name of Operator Chesapeake Operating, Inc. | | 6. State Oil & Gas Lease No. |
| 3. Address of Operator P. O. Box 11050 Midland, TX 79702-8050 | | 7. Lease Name or Unit Agreement Name Burrus 26 |
| 4. Well Location Unit Letter <u>E</u> : 2228 feet from the <u>North</u> line and <u>524</u> feet from the <u>West</u> line Section 26 Township 12S Range 38E NMPM County Lea | | 8. Well Number 002 |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3789' GR | | 9. OGRID Number 147179 |
| | | 10. Pool name or Wildcat Trinity;Wolfcamp |

Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)

Pit Location: UL _____ Sect _____ Twp _____ Rng _____ Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____
Distance from nearest surface water _____ Below-grade Tank Location UL _____ Sect _____ Twp _____ Rng _____;
_____ feet from the _____ line and _____ feet from the _____ line

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: Perfs and completion ☒

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.

7-22-04 PBTD 9,752'. Tested csg. to 2000# for 5 mins. - ok. Ran GR/CBL/VDL/CCL. TOC 930'.

7-23-04 RU Cudd. Pump 3 bbls 15% HCL pickle acid, 165 bbls 2% KCL, 15% NeFe acid put on spot @ 9,194'. Perforate WC 9, 123' - 9,165' @ 2 spf (86 holes)

7-27-04 Acidize perfs w/10,000 gals 20% acid in 5 stages. Swabbing.

8-03-04 RIH w/283 jts. 2 7/8" 6.5# L-80 tbg. 8-4-04 RIH w/2 1/2" x 1 1/2" x 30' RHBM pump.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 08/17/2004

Type or print name Brenda Coffman

E-mail address: bcoffman@chkenergy.com Telephone No. (432) 685-4310

(This space for State use)

APPROVED BY Gary W. Wink TITLE OC FIELD REPRESENTATIVE II / STAFF MANAGER
Conditions of approval, if any: _____

AUG 19 2004