

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Road, 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-101  
Revised June 10, 2003

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit to appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

☐ AMENDED REPORT

**APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE**

<sup>1</sup> Operator Name and Address Chesapeake Operating, Inc. P. O. Box 11050 Midland, TX 79702-8050		<sup>2</sup> OGRID Number 147179
		<sup>3</sup> API Number 30 -025-28124
<sup>3</sup> Property Code 29564	<sup>5</sup> Property Name Monstro	<sup>6</sup> Well No. 1

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	6	20S	38E		330	South	330	West	Lea

<sup>8</sup> Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>9</sup> Proposed Pool 1 Undesignated: Drinkard						<sup>10</sup> Proposed Pool 2 Undesignated: Blair East			

<sup>11</sup> Work Type Code Plug Back	<sup>12</sup> Well Type Code Oil	<sup>13</sup> Cable/Rotary	<sup>14</sup> Lease Type Code Private	<sup>15</sup> Ground Level Elevation 3579' GR
<sup>16</sup> Multiple	<sup>17</sup> Proposed Depth 7050	<sup>18</sup> Formation Tubb	<sup>19</sup> Contractor	<sup>20</sup> Spud Date 05/22/2004

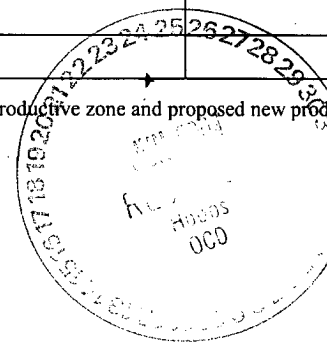
<sup>21</sup> Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
12 1/4"	8 5/8"		1500'	800 sx	Surface
7 7/8"	5 1/2"		7050'	600 sx	

<sup>22</sup> Describe the proposed program. If this application is to DEEPEN or PLUG BACK, give the data on the present productive zone and proposed new productive zone.  
Describe the blowout prevention program, if any. Use additional sheets if necessary.

5000# Manuel BOP

*Depth to groundwater 52'*



<sup>23</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Brenda Coffman</i> Printed name: Brenda Coffman Title: Regulatory Analyst E-mail Address: bcoffman@chkenenergy.com Date: 06/23/2004		<p align="center"><b>OIL CONSERVATION DIVISION</b></p> <p>Approved by: <i>Chris Williams</i> Title: OC DISTRICT SUPERVISOR/GENERAL MANAGER Approval Date: <b>AUG 19 2004</b> Expiration Date:</p> <p>Conditions of Approval: <i>Must use steel tanks. No</i> Attached <input type="checkbox"/> <i>Not according to Brenda</i></p>	
Phone: (432)685-4310			

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State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised June 10, 2003  
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State Lease - 4 Copies  
Fee Lease - 3 Copies

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-28124	Pool Code 63800	Pool Name Weir Undesignated, Blinebry East
Property Code 29564	Property Name Monstro	Well Number 001
OGRID No. 147179	Operator Name Chesapeake Operating, Inc.	Elevation 3579 GR

<sup>10</sup>Surface Location

UL or lot no. M	Section 6	Township 20S	Range 38E	Lot Idn	Feet from the 330	North/South line South	Feet from the 330	East/West line West	County Lea
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<sup>11</sup>Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Dedicated Acres 6640.66		Joint or Infill		Consolidation Code		Order No.			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief. Brenda Coffman Signature Brenda Coffman Printed Name Regulatory Analyst bcoffman@chkenergy.com Title and E-mail Address 06/23/2004 Date				
					<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.				
					Date of Survey Signature and Seal of Professional Surveyor:				
					Certificate Number				