

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
May 27, 2004

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

WELL API NO.	30-025-37054
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name Albacore 25 Com	
8. Well Number	001
9. OGRID Number	147179
10. Pool name or Wildcat Townsend; Mississippian, North (Gas)	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3961	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

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 11050
Midland, TX 79702-8050

4. Well Location
Unit Letter N : 1310 feet from the South line and 1350 feet from the West line
Section 25 Township 16S Range 35E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3961

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____

Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Perf/Acid/Frac ☒

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.

8-04-05 RIH w/subs, pkr, on/off tool w/profile and 390 jts. 2 7/8" tbg. Set pkr @ 11,976'. NU tree, pressure backside to 1000#.
8-05-05 Swab & flow
8-10-05 MIRU Petroplex. Acidize Upper Atoka w/2,000 gals 7.5% NeFe, spot 200 gals @ 11,837' and 11,689'. ND BOP, NU wellhead, set pkr @ 11,689', install tree saver, drop 70 BS.
8-11-05 Swab
8-13-05 ND wellhead, NU BOP, RIH past perforations to knock off ball sealers, NU and press up on annulus 1500#, RIH w/swab. SDFN
8-16-05 RU BJ Frac Services to tree saver, frac Upper Atoka Sand (11,824' - 11,836') w/28,525 gals 40# binary fluid and 26,000# 18/40 Ultrarop. RD tree saver and BJ Frac Services, RU flow back equip. Began flow back.
8-17-05 Swab
8-23-05 RIH w/ 4 5/8" bit, BHA and 380 jts. tbg. Drill out CBP, push down to 12,488', circ clean. POOH above top perf.
8-25-05 RIH w/2 1/2" x 1 1/4" x 30' RHBM pump. RDMO
8-26-05 WOPU
9-07-05 POOH w/tbg. MIRU Key. POOH w/rods and pump, ND wellhead, NU BOP, RIH, tag, found no fill, POOH w/120 jts 2 7/8" tbg.
9-08-05 Finish POOH w/tbg, RIH w/MJ, 4' perforated sub, SN, 12 jus 2 7/8" P-110 tbg, TAC and 380 jts tbg, set TAC, ND BOP, NU wellhead, SDFN.
9-12-05 RIH w/2 1/2" x 1 1/4" x 30' RHBC HVR pump. Began pumping well.

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 NMOC guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Brenda Coffman TITLE Regulatory Analyst DATE 10/20/2005

Type or print name Brenda Coffman
For State Use Only

E-mail address: bcoffman@chkenergy.com Telephone No. (432)687-2992

APPROVED BY: [Signature] TITLE _____ DATE NOV 03 2005
Conditions of Approval (if any): _____