

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

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. 30-025-27956
1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☐ FEE ☒
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 E. W. Walden
4. Well Location Unit Letter <u>K</u> : 1450 feet from the <u>South</u> line and 1400 feet from the <u>West</u> line Section <u>15</u> Township <u>22S</u> Range <u>37E</u> NMPM County <u>Lea</u>		8. Well Number 013
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3392 GR		9. OGRID Number 147179
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: ☐

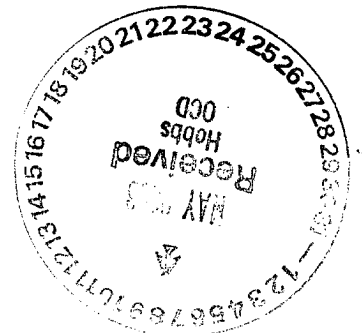
SUBSEQUENT REPORT OF:

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

OTHER: Bradenhead test ☒

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.

3/31/06. Dug out and put new riser on. Did not have any pressure on this 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 NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☒.

SIGNATURE Shay Stricklin TITLE Regulatory Assistant DATE 05/04/2006

Type or print name Shay Stricklin
For State Use Only

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

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

MAY 08 2006

APPROVED BY: Harry W. Wink TITLE _____ DATE _____
Conditions of Approval (if any): _____