

|                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                       |                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Submit To Appropriate District Office<br>State Lease - 6 copies<br>Fee Lease - 5 copies<br><u>District I</u><br>1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u><br>1301 W. Grand Avenue, Artesia, NM 88210<br><u>District III</u><br>1000 Rio Brazos Rd., Aztec, NM 87410<br><u>District IV</u><br>1220 S. St. Francis Dr., Santa Fe, NM 87505 | <b>State of New Mexico</b><br><b>Energy, Minerals and Natural Resources</b><br><br><b>Oil Conservation Division</b><br><b>1220 South St. Francis Dr.</b><br><b>Santa Fe, NM 87505</b> | <b>Form C-105</b><br>Revised June 10, 2003<br><br>WELL API NO.<br><b>30-025-37015</b><br>5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/><br>State Oil & Gas Lease No. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                  |
| 1a. Type of Well:<br>OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____<br><br>b. Type of Completion:<br>NEW <input checked="" type="checkbox"/> WORK <input type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF.<br>WELL OVER BACK RESVR. <input type="checkbox"/> OTHER _____<br><br>2. Name of Operator<br><b>Chesapeake Operating Inc.</b><br><br>3. Address of Operator<br><b>P. O. Box 11050 Midland, TX 79702-8050</b><br><br>4. Well Location<br>Unit Letter <b>H</b> <b>1980</b> Feet From The <b>North</b> Line and <b>660</b> Feet From The <b>East</b> Line<br>Section <b>18</b> Township <b>20S</b> Range <b>39E</b> NMPM <b>Lea</b> County _____<br>10. Date Spudded <b>07/28/2005</b> 11. Date T.D. Reached <b>08/09/2005</b> 12. Date Compl. (Ready to Prod.) <b>10/01/2005</b> 13. Elevations (DF& RKB, RT, GR, etc.) <b>3547 GR</b> 14. Elev. Casinghead _____<br>15. Total Depth <b>7600'</b> 16. Plug Back T.D. <b>7607 7325 C.B.P.</b> 17. If Multiple Compl. How Many Zones? _____ 18. Intervals Drilled By _____ Rotary Tools _____ Cable Tools _____<br>19. Producing Interval(s), of this completion - Top, Bottom, Name <b>6044 - 6068 Blinebry</b> 20. Was Directional Survey Made <b>No</b><br>21. Type Electric and Other Logs Run <b>CBL/VDL/GR/CCL</b> 22. Was Well Cored <b>No</b> | 7. Lease Name or Unit Agreement Name<br><b>Bourdon 18</b><br><br>8. Well No.<br><b>005</b><br><br>9. Pool name or Wildcat<br><b>Blinebry Oil &amp; Gas 06660</b> |

|                                                           |                |           |           |                  |               |
|-----------------------------------------------------------|----------------|-----------|-----------|------------------|---------------|
| <b>23. CASING RECORD (Report all strings set in well)</b> |                |           |           |                  |               |
| CASING SIZE                                               | WEIGHT LB./FT. | DEPTH SET | HOLE SIZE | CEMENTING RECORD | AMOUNT PULLED |
| 3 5/8                                                     | 24             | 1690      | 12 1/4    | 854 sx           |               |
| 5 1/2                                                     | 17             | 7586      | 7 7/8     | 1440 sx          |               |
|                                                           |                |           |           |                  |               |
|                                                           |                |           |           |                  |               |
|                                                           |                |           |           |                  |               |
|                                                           |                |           |           |                  |               |

|                         |     |        |              |        |                          |           |            |
|-------------------------|-----|--------|--------------|--------|--------------------------|-----------|------------|
| <b>24. LINER RECORD</b> |     |        |              |        | <b>25. TUBING RECORD</b> |           |            |
| SIZE                    | TOP | BOTTOM | SACKS CEMENT | SCREEN | SIZE                     | DEPTH SET | PACKER SET |
|                         |     |        |              |        | 2 7/8"                   | 5978.65   | -          |
|                         |     |        |              |        |                          |           |            |
|                         |     |        |              |        |                          |           |            |

|                                                                                 |                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 26. Perforation record (interval, size, and number)<br><b>6044 - 6878 2 spf</b> | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.<br>DEPTH INTERVAL / AMOUNT AND KIND MATERIAL USED<br><b>6044 - 6878 / 3000 gals 15% NeFe LST HCL +</b><br><b>144 BS + 10,000 gals 20% plex</b><br><b>gel in 1 stage</b> |
|---------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                            |                           |                                                                                                                  |                        |                        |                                                             |                             |                                |
|--------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-------------------------------------------------------------|-----------------------------|--------------------------------|
| <b>28. PRODUCTION</b>                      |                           |                                                                                                                  |                        |                        |                                                             |                             |                                |
| Date First Production<br><b>08/25/2005</b> |                           | Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )<br><b>2 1/2 x 1 1/2" x 24' pump</b> |                        |                        | Well Status ( <i>Prod. or Shut-in</i> )<br><b>producing</b> |                             |                                |
| Date of Test<br><b>11/23/2005</b>          | Hours Tested<br><b>24</b> | Choke Size                                                                                                       | Prod'n For Test Period | Oil - Bbl<br><b>9</b>  | Gas - MCF<br><b>10</b>                                      | Water - Bbl.<br><b>4</b>    | Gas - Oil Ratio<br><b>1077</b> |
| Flow Tubing Press.                         | Casing Pressure           | Calculated 24-Hour Rate                                                                                          | Oil - Bbl.<br><b>9</b> | Gas - MCF<br><b>10</b> | Water - Bbl.<br><b>4</b>                                    | Oil Gravity - API - (Corr.) |                                |

|                                                                                    |                   |
|------------------------------------------------------------------------------------|-------------------|
| 29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> )<br><b>Sold</b> | Test Witnessed By |
|------------------------------------------------------------------------------------|-------------------|

|                                                                                     |  |
|-------------------------------------------------------------------------------------|--|
| 30. List Attachments<br><b>Logs; C-104 for each zone; Inclination Report; C-102</b> |  |
|-------------------------------------------------------------------------------------|--|

|                                                                                                                                        |                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| 31. I hereby certify that the information shown on both sides of this form as true and complete to the best of my knowledge and belief |                                                                                                 |
| Signature <b>Brenda Coffman</b><br>E-mail Address <b>bcoffman@chkenergy.com</b>                                                        | Printed Name <b>Brenda Coffman</b><br>Title <b>Regulatory Analyst</b><br>Date <b>12/07/2005</b> |

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well. It shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 25 through 29 shall be reported for each zone. The form is to be filed in quintuplicate except on state land, where six copies are required. See Rule 1105.

## INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

| Southeastern New Mexico |                  | Northwestern New Mexico |                  |
|-------------------------|------------------|-------------------------|------------------|
| T. Anhy                 | T. Canyon        | T. Ojo Alamo            | T. Penn "B"      |
| T. Salt                 | T. Strawn        | T. Kirtland-Fruitland   | T. Penn. "C"     |
| B. Salt                 | T. Atoka         | T. Pictured Cliffs      | T. Penn. "D"     |
| T. Yates 2885           | T. Miss          | T. Cliff House          | T. Leadville     |
| T. 7 Rivers 3134        | T. Devonian      | T. Menefee              | T. Madison       |
| T. Queen 3699           | T. Silurian      | T. Point Lookout        | T. Elbert        |
| T. Grayburg             | T. Montoya       | T. Mancos               | T. McCracken     |
| T. San Andres 4306      | T. Simpson       | T. Gallup               | T. Ignacio Otzte |
| T. Glorieta 5619        | T. McKee         | Base Greenhorn          | T. Granite       |
| T. Paddock              | T. Ellenburger   | T. Dakota               | T.               |
| T. Blinebry 6053        | T. Gr. Wash      | T. Morrison             | T.               |
| T. Tubb 6563            | T. Delaware Sand | T. Todilto              | T.               |
| T. Drinkard 6884        | T. Bone Springs  | T. Entrada              | T.               |
| T. Abo 7129             | T.               | T. Wingate              | T.               |
| T. Wolfcamp             | T.               | T. Chinle               | T.               |
| T. Penn                 | T.               | T. Permian              | T.               |
| T. Cisco (Bough C)      | T.               | T. Penn "A"             | T.               |

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....  
 No. 2, from.....to..... No. 4, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

| From | To   | Thickness<br>In Feet | Lithology                 | From | To | Thickness<br>In Feet | Lithology |
|------|------|----------------------|---------------------------|------|----|----------------------|-----------|
| 0    | 1580 | 1580                 | Redbeds                   |      |    |                      |           |
| 1580 | 3134 | 1554                 | Anhy/Salt                 |      |    |                      |           |
| 3134 | 4306 | 1172                 | Sand/Salt/Anhy/Shale/Dolo |      |    |                      |           |
| 4306 | 5619 | 1313                 | Dolo                      |      |    |                      |           |
| 5619 | 6053 | 434                  | Dolo/Sand                 |      |    |                      |           |
| 6053 | 6563 | 510                  | Dolo                      |      |    |                      |           |
| 6563 | 6884 | 321                  | Dolo/Sand                 |      |    |                      |           |
| 6884 | 7600 | 716                  | Dolo/Anhy/Lm              |      |    |                      |           |