| Submit 3 Copies To Appropriate District Office  | State o                                |               |                       |                                      | Form C-103                               | 3                  |          |  |
|---|--|---------------|-----------------------|--------------------------------------|--|--------------------|----------|--|
| District I<br>1625 N. French Dr., Hobbs, NM 88240   | Energy, Minerals and Natural Resources |               |                       | Revised June 10, 2003 WELL API NO.   |  |                    |          |  |
| District II<br>1301 W. Grand Ave., Artesia, NM 88210  | OIL CONSERVATION DIVISION              |               |                       | 30-025-35976                         |  |                    |          |  |
| District III  | 1220 Goodh Gr. E                       |               |                       | 5. Indicate Type of Lease            |  |                    |          |  |
| 1000 Rio Brazos Rd., Aztec, NM 87410<br>District IV  1220 South St. Francis Dr.  Santa Fe, NM 87505             |  |               | STATE X FEE           |                                      |  |                    |          |  |
| 1220 S. St. Francis Dr., Santa Fe, NM   | Sunut                                  | 1 0, 14141 0  | 17303                 | 6. State C                           | il & Gas Leas                            | e No.              | 7        |  |
| 87505<br>SLINDRY NOTICE   | EC AND DEDORTE                         | ON HERE       | <u> </u>              |                                      |  |                    |          |  |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A |  |               |                       | 7. Lease Name or Unit Agreement Name |  |                    |          |  |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)                             |  |               |                       | WTYSRI                               | WTYSRU                                   |                    |          |  |
| 1. Type of Well:  |  |               |                       | 8. Well N                            |  |                    | $\dashv$ |  |
| Oil Well X Gas Well Other   |  |               |                       | 443                                  |  |                    |          |  |
| 2. Name of Operator   |  |               |                       | 9. OGRID Number                      |  |                    |          |  |
| Chesapeake Operating, Inc.  |  |               |                       | 147179                               |  |                    |          |  |
| 3. Address of Operator P. O. Boy, 18/06, Oktoberg City, OV 7215/ 0/06   |  |               |                       | 10. Pool name or Wildcat             |  |                    |          |  |
| P.O. Box 18496, Oklahoma City, OK 73154-0496  4. Well Location  |  |               |                       | Teas Yat                             | es Seven                                 | Rivers West        |          |  |
|   |  |               |                       |                                      |  |                    |          |  |
| Unit Letter I :   | 1855 feet from the                     | e South       | line and              | 660                                  | feet from the _                          | East line          |          |  |
| Section 4   | T1 1                                   | 000 5         |                       |                                      |  |                    |          |  |
| Section 4   | Township 11. Elevation (Show v         | 20S R         | ange 33E              | NMPM                                 | Lea Coun                                 | ty                 |          |  |
|   | GR •                                   | 3557          |                       |                                      |  |                    |          |  |
| 12. Check A <sub>I</sub>  | propriate Box to I                     | ndicate N     | lature of Notice.     | Report or                            | Other Data                               |                    |          |  |
| NOTICE OF INT   | ENTION TO:                             |               | SUE                   | SEQUEN                               | T REPORT                                 | OF.                |          |  |
| PERFORM REMEDIAL WORK   | PLUG AND ABANDO                        | И             | REMEDIAL WOR          | RK                                   |  | RING CASING        |          |  |
| TEMPORARILY ABANDON   | CHANGE PLANS                           | . 🗆           | COMMENCE DR           | II LINC ODNI                         |  |                    |          |  |
| PHILLOP ALTER CACING  |  |               |                       | ILLING OPN                           |  | OONMENT []         |          |  |
|   | MULTIPLE<br>COMPLETION                 |               | CASING TEST A         | ND                                   |  |                    |          |  |
|   | COM LETION                             |               | CEMENT JOB            |                                      |  |                    |          |  |
| OTHER: Convert to WIW   |  |               | OTHER:                |                                      |  |                    |          |  |
| 13. Describe proposed or comple   | ted operations. (Clear                 | ly state all  | pertinent details, an | d give pertin                        | ent dates, inclu                         | ding estimated dat | ie       |  |
| of starting any proposed work or recompletion.  |  |               |                       |                                      |  |                    | n        |  |
| 1) MIRU workover unit.  | POOH w/pump lay                        | ing down      | n rods. Pick          | up addit                             | onal tbg &                               | tag                |          |  |
| PBTD 3389'. Circulate   | e well clean as                        | require       | ed. POOH lav          | ing down                             | tubulare                                 | •                  |          |  |
| 2) RIH w/2-3/8" x 5-1/2" well head.   | ' AD-1 pkr & 2-                        | 3/8" du       | oline tbg. Se         | t pkr @ ±                            | 3100'. NU                                | injection          |          |  |
| 3) load annulus with pkr  | fluid. Perfor                          | m state       | witnessed MT'         | י אמים ז                             | orleaner                                 |                    |          |  |
| 4) Put well on injection  | n @300 BWPD.                           |               |                       |                                      |  |                    |          |  |
| 5) If pressure & inject   | ion rates nece                         | ssitate       | , MIRU acid s         | ervice co                            | mpany. Tie                               | onito itabin       | 12       |  |
| & bullhead 1000 gal   | L5% NEFe acid i                        | nto zone      | • Over-disp           | lace with                            | _50_bb1 <i>∕g</i> i£                     | lease water        |          |  |
|   |  |               |                       |                                      | 18 18 18 18 18 18 18 18 18 18 18 18 18 1 |                    | l        |  |
|   |  |               |                       |                                      |  | 2003<br>7.E        | (ق       |  |
|   |  |               | •                     |                                      |  | <b>E</b> 1550      | 0        |  |
|   |  |               |                       |                                      | 13                                       | آز <del>کا</del>   | 69101172 |  |
|   |  |               |                       |                                      | 1.5%                                     |                    |          |  |
| I hereby certify that the information ab  | ove is true and comple                 | ete to the be | est of my knowledge   | e and belief.                        | 100                                      | 020101010          | 1/       |  |
| SIGNATURE PARKET !- CO  | 440mt                                  |               |                       |                                      | `  | 056181713/3        |          |  |
| SIGNATURE   | - cacro                                | TILE A        | sset Manager          |                                      | DATE                                     | 08/19/03           |          |  |
| Type or print name Andrew J.  | McCalmont                              | E-mail ad     | dress:                |                                      | Telephone                                | No. (405)848-8     | 0000     |  |
| (This space for State use)  | \                                      |               |                       | E ILACTATE A                         |  | 140. (405)848-     | 8000     |  |
| APPPROVED BY Laugh  | ) / ) <u> </u>                         |               | REPRESENTATIV         | EHYSIAFF N                           |  | 4110               |          |  |
| Conditions of approval, if any:   | wing.                                  | TITLE         |                       |                                      | DATE_                                    | AUG 25 2003        | }        |  |
| "FF , may at mary.  |  |               |                       |                                      |  |                    |          |  |