

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

Oil Conservation Division

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-101

Revised June 10, 2003

Submit to appropriate District Office
Late Lease - 6 Copies
Fee Lease - 5 CopiesMAR 2007
Received
Hobbs
OCD

AMENDED REPORT

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

¹ Operator Name and Address Chesapeake Operating, Inc. 2010 Rankin Hiway Midland, TX 79701		² OGRID Number 147179
³ Property Code 36380	⁵ Property Name Brian 19 State	⁴ API Number 30 -025-07208
		⁶ Well No. 1RE

⁷ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	19	12S	38E		330	North	990	East	Lea

⁸ 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

⁹ Proposed Pool 1

Gladiola; Wolfcamp

¹⁰ Proposed Pool 2

¹¹ Work Type Code Re-entry	¹² Well Type Code Oil	¹³ Cable/Rotary	¹⁴ Lease Type Code 5	¹⁵ Ground Level Elevation 3865'
¹⁶ Multiple	¹⁷ Proposed Depth 12200	¹⁸ Formation Wolfcamp	¹⁹ Contractor Un-known	²⁰ Spud Date 03/20/2007

²¹ Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17	13 3/8"	48#	343'	350 sx	0
11	8 5/8"	32#	4650'	650 sx	1500
7 7/8	5 1/2	17#	11978'	150 sx	

²² 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.

Permit Expires 1 Year From Approval
Date Unless Drilling Underway
Re-Enter

Received
Hobbs
OCD

²³ I hereby certify that the information given above is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION	
Signature: <i>Brenda Coffman</i>		Approved by: <i>Chris Williams</i>	
Printed name: Brenda Coffman		Title: OC DISTRICT SUPERVISOR/GENERAL MANAGER	
Title: Sr. Regulatory Comp. Specialist		Approval Date: 3/14/07	Expiration Date: 3/14/08
E-mail Address: bcoffman@chkenergy.com			
Date: 02/27/2007	Phone: (432)687-2992	Conditions of Approval: Attached <input type="checkbox"/>	

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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

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

¹ API Number 30-025-07208		² Pool Code	³ Pool Name Gladiola; Wolfcamp
⁴ Property Code	⁵ Property Name Brian 19 State		⁶ Well Number 1RE
⁷ OGRID No. 147179	⁸ Operator Name Chesapeake Operating, Inc.		⁹ Elevation 3879 GR

¹⁰ **Surface Location**

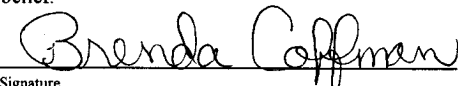
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	19	12S	38E		330	North	990	East	Lea

¹¹ **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

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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					¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.  Signature Brenda Coffman Printed Name Sr. Regulatory Compliance Spec bcoffman@chkenergy.com Title and E-mail Address 02/27/2007 Date ¹⁸ 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