

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-36391
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chesapeake Operating Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 2010 Rankin Hwy Midland, TX 79701		7. Lease Name or Unit Agreement Name Hornet State
4. Well Location Unit Letter <u>D</u> : <u>760</u> feet from the <u>NORTH</u> line and <u>600</u> feet from the <u>WEST</u> line Section <u>3</u> Township <u>19S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number <u>1</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4002 GR		9. OGRID Number 147179
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat <u>Scharb</u> <u>Airstrip, Bone Spring 960</u> <u>&lt;55610&gt;</u>
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: ☐

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.

9/27/07. RIH, set CIBP @ 11650 w/35' cmt. Perforate Bone Spring 10559-10569 4 spf. Acidize Bone Spring w/2000 gals 15% HCL.



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 Tech. DATE 10/30/2007

Type or print name Shay Stricklin  
For State Use Only

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

APPROVED BY: Chris Williams  
Conditions of Approval (if any):

OC DISTRICT SUPERVISOR/GENERAL MANAGER  
TITLE \_\_\_\_\_ DATE JAN 10 2008

ZA Airstrip Wolfcamp Southwest

Submit To Appropriate District Office State Lease - 6 copies Fee Lease - 5 copies <u>District I</u> 1625 N French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W Grand Avenue, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S St Francis Dr., Santa Fe, NM 87505	<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>	<b>Form C-105</b> Revised June 10, 2003  WELL API NO. <b>30-025-36391</b>  5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>  State Oil & Gas Lease No.
--	---	---

<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>									
1a Type of Well. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> DRY <input type="checkbox"/> OTHER _____  b Type of Completion NEW <input type="checkbox"/> WORK <input checked="" type="checkbox"/> DEEPEN <input type="checkbox"/> PLUG <input type="checkbox"/> DIFF. WELL OVER BACK RESVR <input type="checkbox"/> OTHER _____  2 Name of Operator <b>Chesapeake Operating Inc.</b>  3 Address of Operator <b>2010 Rankin Hwy Midland, TX 79701</b>  4 Well Location Unit Letter <b>D</b> <b>760</b> Feet From The <b>North</b> Line and <b>600</b> Feet From The <b>West</b> Line Section <b>3</b> Township <b>19S</b> Range <b>34E</b> NMPM Lea County <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">10 Date Spudded <b>09/13/2003</b></td> <td style="width:25%;">11 Date T D Reached <b>11/16/2003</b></td> <td style="width:25%;">12 Date Compl. (Ready to Prod.) <b>12/16/2003</b></td> <td style="width:25%;">13 Elevations (DF&amp; RKB, RT, GR, etc.) <b>4002 GR</b></td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">15. Total Depth <b>13800</b></td> <td style="width:25%;">16 Plug Back T D <b>13365</b></td> <td style="width:25%;">17 If Multiple Compl How Many Zones? <b>No</b></td> <td style="width:25%;">18 Intervals Drilled By <b>R</b></td> </tr> </table> 19 Producing Interval(s), of this completion - Top, Bottom, Name  20 Was Directional Survey Made <b>No</b>  21 Type Electric and Other Logs Run <b>N/A</b>  22. Was Well Cored <b>No</b>	10 Date Spudded <b>09/13/2003</b>	11 Date T D Reached <b>11/16/2003</b>	12 Date Compl. (Ready to Prod.) <b>12/16/2003</b>	13 Elevations (DF& RKB, RT, GR, etc.) <b>4002 GR</b>	15. Total Depth <b>13800</b>	16 Plug Back T D <b>13365</b>	17 If Multiple Compl How Many Zones? <b>No</b>	18 Intervals Drilled By <b>R</b>	7. Lease Name or Unit Agreement Name <b>Hornet State</b>  8 Well No. <b>1</b>  9. Pool name or Wellcat <b>Schard Airstrip, Bone Spring 960</b>
10 Date Spudded <b>09/13/2003</b>	11 Date T D Reached <b>11/16/2003</b>	12 Date Compl. (Ready to Prod.) <b>12/16/2003</b>	13 Elevations (DF& RKB, RT, GR, etc.) <b>4002 GR</b>						
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OCT 2007  
 Received  
 Hobbs  
 OCD  
 65610

<b>23. CASING RECORD (Report all strings set in well)</b>					
CASING SIZE	WEIGHT LB /FT	DEPTH SET	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8	48	910.50	17 1/2	800 CI C	
8 5/8	32	5173.68	12 1/4	2150 CI C	
5 1/2	17.5	13800	7 7/8	1950 Poz H	

<b>24. LINER RECORD</b>				<b>25. TUBING RECORD</b>			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	PACKER SET
					2 7/8	10583	10583

26 Perforation record (interval, size, and number) <b>Strawn 11686-11728 CIPB @ 11650 w/35' cmt</b> <b>Bone Spring 10559-10569 4 spf</b>	27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">DEPTH INTERVAL</td> <td style="width:50%;">AMOUNT AND KIND MATERIAL USED</td> </tr> <tr> <td>10559-10569</td> <td>2000 gals 15% HCL</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	DEPTH INTERVAL	AMOUNT AND KIND MATERIAL USED	10559-10569	2000 gals 15% HCL				
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10559-10569	2000 gals 15% HCL								

<b>28. PRODUCTION</b>							
Date First Production		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> )			Well Status ( <i>Prod or Shut-in</i> )		
					<b>DRY</b>		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl	Gas - Oil Ratio
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl	Gas - MCF	Water - Bbl	Oil Gravity - API - (Corr )	

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

30 List Attachments
<b>C-102, C-104</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 	Printed Name <b>Shay Stricklin</b>	Title <b>Regulatory Tech.</b>	Date <b>10/23/2007</b>
E-mail Address <b>sstricklin@chkenergy.com</b>			

**2A Airstrip Wolfcamp Southwest**

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## State of New Mexico

Energy, Minerals &amp; Natural Resources Department

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

*API Number 30-025-36391		*Pool Code 960 55610	*Pool Name Scharb Airstrip, Bone Spring
*Property Code 300164	*Property Name Hornet State		*Well Number 1
*OGRID No. 147179	*Operator Name Chesapeake Operating Inc.		*Elevation 4002 GR

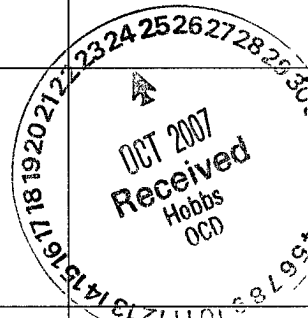
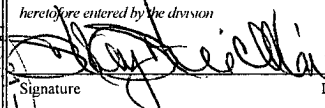
<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	3	19S	34E		760	North	600	West	Lea

<sup>11</sup> 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
D	3	19S	34E		760	North	600	West	Lea
" Dedicated Acres 40		" Joint or Infill		" Consolidation Code		" Order No.			

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.

<div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; position: relative;"> <span style="position: absolute; top: 0; left: 0;">16</span> <span style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">760</span> <span style="position: absolute; bottom: 0; left: 0;">34E</span> </div>	<div style="text-align: center;">  </div>				<sup>17</sup> <b>OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division</i> <div style="display: flex; justify-content: space-between;"> <div>Signature </div> <div>Date 10/23/2007</div> </div>
					Printed Name Shay Stricklin
					<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> <i>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.</i>
Date of Survey Signature and Seal of Professional Surveyor  Certificate Number					