

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 87240  
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

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

<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 PERMITS TO DRILL AND PLUG BACK" FOR PROPOSALS.)		WELL API NO. <b>30-025-20603</b>
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 <b>CHESAPEAKE OPERATING INC.</b>		6. State Oil & Gas Lease No.
3. Address of Operator <b>2010 RANKIN HWY MIDLAND, TEXAS 79701</b>		7. Lease Name or Unit Agreement Name: <b>Kemnitz</b> <b>LOWER WOLFCAMP EAST UNIT</b>
4. Well Location Unit Letter <b>M</b> : <b>660</b> feet from the <b>SOUTH</b> line and <b>660</b> feet from the <b>WEST</b> line Section <b>22</b> Township <b>16S</b> Range <b>34E</b> NMPM County		8. Well Number <b>#6</b>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <b>4090 GR</b>		9. OGRID Number <b>147179</b>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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	
<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input checked="" type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>

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.

3-13-08 1. SPOT 25 SXS @ 7600' EST. CMT. TOP @ 7222'. 3-13-08 2. SPOT 25 SXS @ 4580' TAGGED PLUG @ 4150'.  
3-14-08 3. SPOT 25 SXS @ 2670' EST. CMT. TOP @ 2292'. 3-14-08 4. PERF. @ 1710' COULD NOT PUMP INTO  
PERFS. 3-17-08 5. SPOT 25 SXS PLUG @ 1760' TAGGED PLUG @ 1390 3-17-08 6. PERF. @ 465 CIRCULATED APPROX 145  
SXS TO SURFACE 4 1/2 X 7 5/8. 3-17-08 7. CAP WELL INSTALL DRY HOLE MARKER

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms, [www.emnrd.state.nm.us/oed](http://www.emnrd.state.nm.us/oed).

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 NM OCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE [Signature] TITLE \_\_\_\_\_ DATE **3-19-08**  
Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

For State Use Only

APPROVED BY [Signature] TITLE **Geologist** DATE **APR 08 2008**  
Conditions of Approval, if any: \_\_\_\_\_