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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

Form C-103
 May 27, 2004

APR 15 2008

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

HOBBS OOD

WELL API NO. 30-025-20222
Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: KEMNITZ UNIT Lower Wolfcamp East
8. Well Number 5
9. OGRID Number 147179
10. Pool name or Wildcat KEMNITZ WOLF CAMP LOWER

SUNDRY NOTICES AND REPORTS ON WELLS
 (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.)

1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>	7. Lease Name or Unit Agreement Name: KEMNITZ UNIT Lower Wolfcamp East
2. Name of Operator CHESAPEAKE OPERATING INC.	8. Well Number 5
3. Address of Operator 2010 RANKIN HWY MIDLAND, TX 79701	9. OGRID Number 147179
4. Well Location Unit Letter <u>C</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>27</u> Township <u>16S</u> Range <u>34E</u> NMPM County <u>LEA</u>	10. Pool name or Wildcat KEMNITZ WOLF CAMP LOWER
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type <u>STEEL</u> 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

Approved for plugging of well bore only.
 Liability under bond is retained pending receipt of C-103 (Subsequent Report of Well Plugging) and permanent dates, including estimated date of well bore completion, on well page, under Form C-103, and on proposed completion of well page, under Form C-103.

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 well bore completion diagram, if proposed completion or recompletion.

3-27-08 1. PERF. HOLES @ 4623 SQZ 50 SXS CMT. 3-28-08 2. NO TAG ON PLUG @ 4623' 3-28-08 3. SQZ 50 SXS CMT. @ 4623' 3-28-08 4. TAG PLUG @ 4258 3-31-08 5. PERF. 4 HOLES @ 2675 4-01-08 6. SQZ. 50 SXS CMT @ 2675 TAG PLUG @ 2233' 4-1-08 7. SPOT 40 SXS CMT. @ 1925' 4-2-08 8. TAG PLUG @ 1733' 4-2-08 9. PERF. 4 HOLES @ 1675' SET PKR @ 1340' SQZ 50 SXS CMT. 4-3-08 10. TAG PLUG @ 1531' 4-3-08 11. PERF 4 HOLES @ 453' SET PKR @ 127' SQZ 80 SXS CMT. 4-4-08 12. TAG PLUG @ 271' 4-4-08 13. PERF 4 HOLES @ 60' PUMP 30 SXS CMT FROM 60 TO SURF OUT OF 10 3/4 CSG. LEAVE 7 5/8 FULL OF CMT. 4-4-08 14. INSTALL DRY HOLE MARKER.

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

SIGNATURE GARY EGGLESTON TITLE PGA SUPERVISOR DATE 4-08-08
 Type or print name GARY EGGLESTON E-mail address: _____ Telephone No. _____

For State Use Only
 APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE APR 22 2008
 Conditions of Approval, if any: _____