

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
Minerals and Natural Resources

RECEIVED
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HOBBS OCD

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

Form C-103
May 27, 2004

WELL API NO. 30-025-20007	
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name: J.A. AKENS	
8. Well Number 8	
9. OGRID Number 147179	
10. Pool name or Wildcat OIL CENTER; BLINERY	
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"/>	
2. Name of Operator CHESAPEAKE OPERATING, INC.	
3. Address of Operator P.O. Box 18496, Oklahoma City, OK 73154-0496	
4. Well Location Unit Letter <u>O</u> : <u>889'</u> feet from the <u>SOUTH</u> line and <u>2289'</u> feet from the <u>EAST</u> line Section <u>3</u> Township <u>21 S</u> Range <u>36 E</u> NMPM County <u>LEA</u>	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3558'	
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"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
MULTIPLE COMPLETION <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
OTHER: <input 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.

7-17-08 Set 4 1/2" CIBC @4,586'. Sqz. 100 sx. cmt. 7-18-08 Sting into CIBC. No test. Sqz. 100 sx. cmt. below CIBC. @4,586'. 7-19-08 Pressure test. No test. 7-21-08 Sqz. 100 sx. cmt. below CIBC. 7-22-08 Test plug. No test. Sqz. 100 sx. cmt. Sqz. off @2,000 PSI. Spot 35 sx. cmt. on top of CIBC @4,586'. Set 4 1/2" CIBC @3,700'. Dump 35' cmt. on CIBC w/bailer. Spot 25 sx. cmt. @2,505'. 7-23-08 Perf. 4 holes @1,346'. Set pkr. @1,051'. Sqz. 60 sx. cmt. Tag & plug @1,175'. Spot 10 sx. cmt. from 60' to surface. 7-23-08 Install Dryhole 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 NMOCD guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE Gary Eggleston TITLE P & A SUPV. DATE 7-25-08
Type or print name GARY EGGLESTON E-mail address: _____ Telephone No. (432) 530-0907

For State Use Only

APPROVED BY Chris Williams TITLE OCD DISTRICT SUPERVISOR/GENERAL MANAGER DATE AUG 06 2008
Conditions of Approval, if any: _____