

## OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-39053

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Cattleman 4 State

8. Well Number

3

9. OGRID Number

147179

10. Pool name or Wildcat

Osudo; Morrow, South (Gas)

## 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 ☐ Gas Well ☒ Other ☐

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 C : 660' feet from the North line and 1720' 1980 feet from the West line

Section 4 Township 21 S Range 35 E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3630' GR

## 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 ☐  
DOWNHOLE COMMINGLE ☐OTHER: Cementing on 7" Casing ☐

## 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.

Dear Sirs/Madams:

Chesapeake Operating, Inc. respectfully request to make corrections of the number of sacks of cement &amp; to change the TOC for the 7" string of casing on this well.

Estimated TOC for the 7" casing will be @ 4900', which will be @ 500' up into the 9 5/8" intermediate casing string.

The estimated number of sacks of cement are to be 400 sxs lead; 11.9 ppg, 2.45 yield.

400 sxs tail, 13.2 ppg, 1.6 yield.

All other parameters are to remain the same.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Linda Weeks

TITLE Reg. Compliance Sp.

DATE 09/05/2008

Type or print name Linda Weeks

E-mail address: linda.weeks@chk.com

PHONE: (405)879-6854

For State Use Only

APPROVED BY:

Linda Weeks

OC FIELD REPRESENTATIVE II/STAFF MANAGER

TITLE

DATE SEP 09 2008

Conditions of Approval (if any):