

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-33683

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
Kyte

8. Well Number

4

9. OGRID Number

147179

10. Pool name or Wildcat

Blinebry O&G; Warren; Tubb, East; DK; Abo

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 H: 1980' feet from the North line and 660' feet from the East lineSection 23Township 20SRange 38E

NMPM

County Lea

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

3653 GL

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ALTERING CASING ☐COMMENCE DRILLING OPNS. ☐P AND A ☐CASING/CEMENT JOB ☐OTHER: Isolate lower Abo perforations ☐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 submits a request to isolate the lower perforations by setting a RBP @ 7500'.

Please refer to DHC Order 2425 and as amended same order dated 9/8/2000.

In addition, please find enclosed NMOCD's form C-144.

Please find the corrected API# for this well: 30-025-33683.

The original permit submitted was approved on 7/15/2008 and is attached for your reference.

Spud Date:

12/28/1996

Rig Release Date:

02/19/1997

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 Specialist

DATE 09/24/2008

Type or print name Linda Weeks

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

PHONE: (405)879-6854

For State Use Only

APPROVED BY:

Tony W. Hill

TITLE

DATE

Conditions of Approval (if any):

OIL FIELD REPRESENTATIVE II/STAFF MANAGER

OCT 01 2008