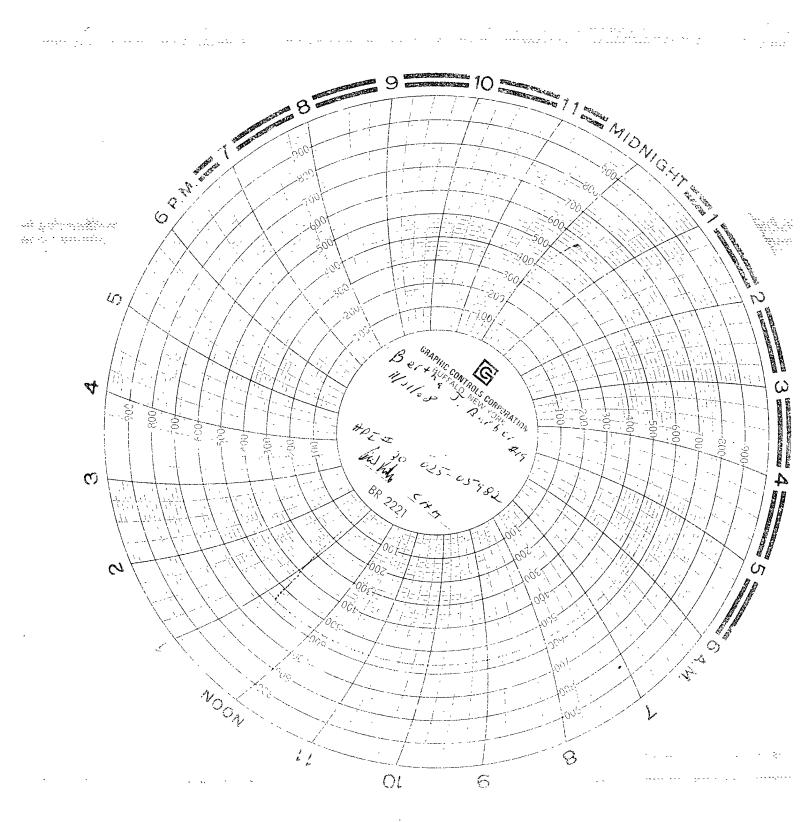
Submit 3 Copies To Tomopriate Plant State of New Mexico Office State of New Mexico	Form C-103				
District I DE C 2008 Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.				
District II OH CONSERVATION DIVISION	30-025-05982				
District III 1 DO DO A NA DE 1220 South St. Francis Dr.	5. Indicate Type of Lease				
1000 Rio Brazis Ri Aziri Santa Fe, NM 87505	STATE FEE X 6. State Oil & Gas Lease No.				
1220 S. St. Francis Dr., Santa Fe, NM	or state on as das Bease Ive.				
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name				
(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	Bertha J. Barber				
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number 19				
2. Name of Operator Chesapeake Operating, Inc.	9. OGRID Number 147179				
3. Address of Operator P.O. Box 18496	10. Pool name or Wildcat				
Oklahoma City, OK 73154-0496	Monument; Paddock				
4. Well Location Unit Letter I: 2310' feet from the South line and 330)' feet from the East line				
Section 7 Township 20S Range 37E	NMPM County Lea /				
11. Elevation (Show whether DR, RKB, RT, GR, etc.					
3551' GR					
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data				
NOTICE OF INTENTION TO: SUB	SECUENT REPORT OF:				
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING					
TEMPORARILY ABANDON	ILLING OPNS. P AND A				
PULL OR ALTER CASING					
DOWNHOLE COMMINGLE					
OTHER: OTHER: run MIT test w/Chart					
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.					
Please find attached the MIT chart and Chesapeake Operating's request to TA this well for 5 years.					
On 11/21/2008 tested casing for 30 minutes-OK. Well is TA.					
This Approval of Temporary					
This Approval of Temporary 4-2013 Abandonment Expires 12-4-2013					
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 Sinds Good TITLE Sr. Regulatory Compl. Sp	DATE 11/26/2008				
Type or print name <u>Linda Good</u> E-mail address: <u>linda.good@chk</u> For State Use Only	.com PHONE: (405)767-4275				
(1) (1) (1) (1) COTRICT 1 SUPER	IVISCA DEC 0 4 2008				
Conditions of Approval (if any):	DATEDATEDATE				



Bertha J. Barber#19

List Casing to 590 psi

for 30 min

11/21/08

Chris Buchanan

owner

Ashley Energy Sov. 4212 N. Grimes 16665 V.M. 88240

addinadd Talanada

00	ubmit 3 Copies To Appropriate District State of New Mexico			Form C-103		
District 1 Energy, Minerals and Natural Resources		June 19, 2008 WELL API NO.				
District II		TOTA MOTORI		25-05982		
1301 W. Grand Ave. Arterio NA4 99210 OIL CONSERVATION DIVISION		DIVISION	5. Indicate Type of Le			
District III NOV 1 3 2008 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505			STATE	FEE X		
District IV 1220 S. St. Franch for Manufet 14 87505	ilita PC, Mivi o	7303	6. State Oil & Gas Lea	isc No.		
SUNDRY NOTICES AND REPO			7. Lease Name or Uni	t Agreement Name		
(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.)		Bertha J. Barber				
1. Type of Well; Oil Well X Gas Well Other			8. Well Number 19			
2. Name of Operator Chesapeake Operating, Inc.		9. OGRID Number	47179			
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154-0496		10. Pool name or Wildcat Monument; Paddock				
4. Well Location			,			
i	om the South	line and 330'	feet from the	East line		
		nge 37E		unty Lea		
11. Elevation (S		RKB, RT, GR, etc.)				
3551' GR						
12. Check Appropriate Box	x to Indicate N	ature of Notice, F	Report or Other Data	ì		
NOTICE OF INTENTION TO)•	l gurg	EQUENT REPOR	T OE.		
PERFORM REMEDIAL WORK ☐ PLUG AND ABA		REMEDIAL WORK		ERING CASING [
TEMPORARILY ABANDON		COMMENCE DRIL		ND A		
PULL OR ALTER CASING MULTIPLE COM	MPL 🗌	CASING/CEMENT	JOB 🗆			
DOWNHOLE COMMINGLE						
OTHER: Extend TA-Run MIT	<u> </u>	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.						
Chesapeake respectfully request to extend the TA of As required by OCD rules, notice will be given to verified of time is requested.	of this well by run witness the MIT.	ning a MIT for this v An extension of 5 yea	vell. ars or the maximum			
period of fille is requested.						
				•		
Condition of Approval: Notify OCD Hobbs						
office 24 hours prior to running MIT Test & Ch	art					
Spud Date:	Rig Release Da	te:				
I hereby certify that the information above is true and complete to the best of my knowledge and belief.						
Thereby certify that the information above is true and complete to the best of my knowledge and belief,						
SIGNATURE S. A. Magal	70007 D A 7					
SIGNATURE Kinda Kood	_ TITLE_Sr. Rep	gulatory Compl. Sp	DATE_	11/12/2008		
Type or print name Linda Good	_ E-mail address	: linda.good@chk.c	om PHONE	: (405)767-4275		
For State Use Only						
APPROVED BY:	_TITLEPE	TROLEUM ENGIN	DATE	NOV 14 2008		
Conditions of Approval (if any):		· · · · · · · · · · · · · · · · · · ·	~			