

Office

District I

1625 N. French Dr., Hobbs, NM 88240

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

June 19, 2008

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JAN 08 2009

HOBBSOCD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-37853

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name
LE 35 State

8. Well Number

1

9. OGRID Number

147179

10. Pool name or Wildcat

Casey; Strawn

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 E : 1879' feet from the North line and 978' feet from the West line
Section 35 Township 16S Range 37E NMPM County Lea11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3767' 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: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Ran MIT 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.

Dear Sirs/Madams,

Please find attached the MIT chart for our request to TA this well for 5 years

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This Approval of Temporary
Abandonment Expires 1-12-2014

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

TITLE

DATE 01/07/2009

Type or print name Pat RichardsE-mail address: pat.richards@chk.comPHONE: (575)391-6229

For State Use Only

APPROVED BY:

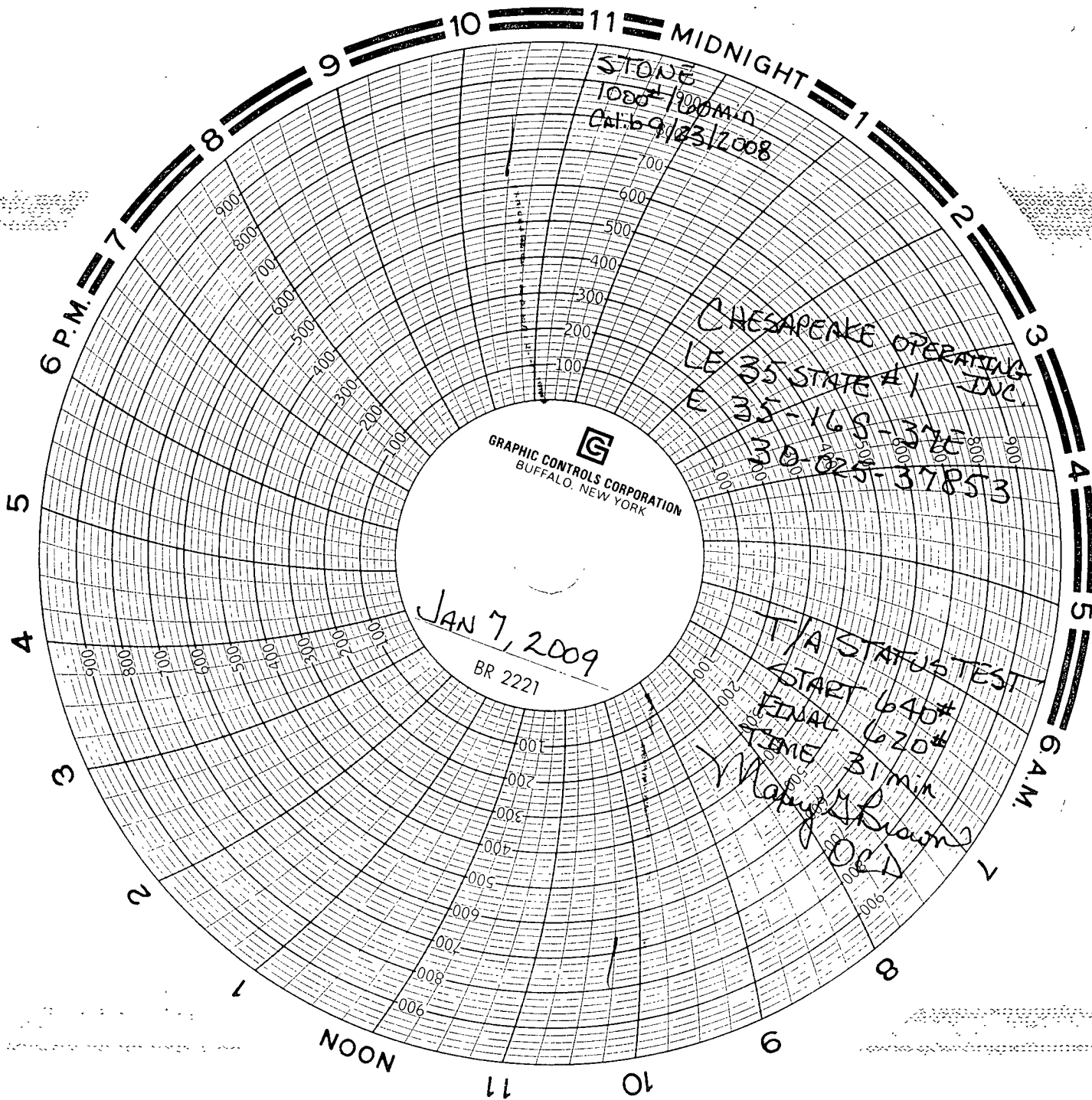
TITLE

DISTRICT 1 SUPERVISOR

DATE

JAN 12 2009

Conditions of Approval (if any):



STONE
1000-1000 MIN
CAL 69/23/2008

CHESAPEAKE OPERATING
LE 35 STATE #1 INC
E 35-168-37E
30-025-37P53

T/A STATUS TEST
START 640#
FINAL 620#
TIME 31 min
W. H. Brown
OCT