

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED

OIL CONSERVATION DIVISION

MAY 15 2009

HOBBSOCD

Santa Fe, NM 87505

WELL API NO.	30-025-36730
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Smith 4 Federal
8. Well Number	2
9. OGRID Number	147179
10. Pool name or Wildcat	SWD; Yates
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3568'GR

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 SWD

2. Name of Operator Chesapeake Operating, Inc.

3. Address of Operator P.O. Box 18496
Oklahoma, OK 73154-0496

4. Well Location

Unit Letter A : 990' feet from the North line and 395' feet from the East line
Section 4 Township 20S Range 33E NMPM County Lea

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: ☐

OTHER: Ran MIT to return well to Disposal ☒

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 that was run on May 14, 2009. NMOCD was notified 24 hrs prior to the test. Pressure test was required to return well to active disposal.

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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

Pat Richards

TITLE Production Assistant

DATE 05/15/2009

Type or print name Pat Richards

E-mail address: pat.richards@chk.com

PHONE: (575)391-1462

For State Use Only

APPROVED BY:

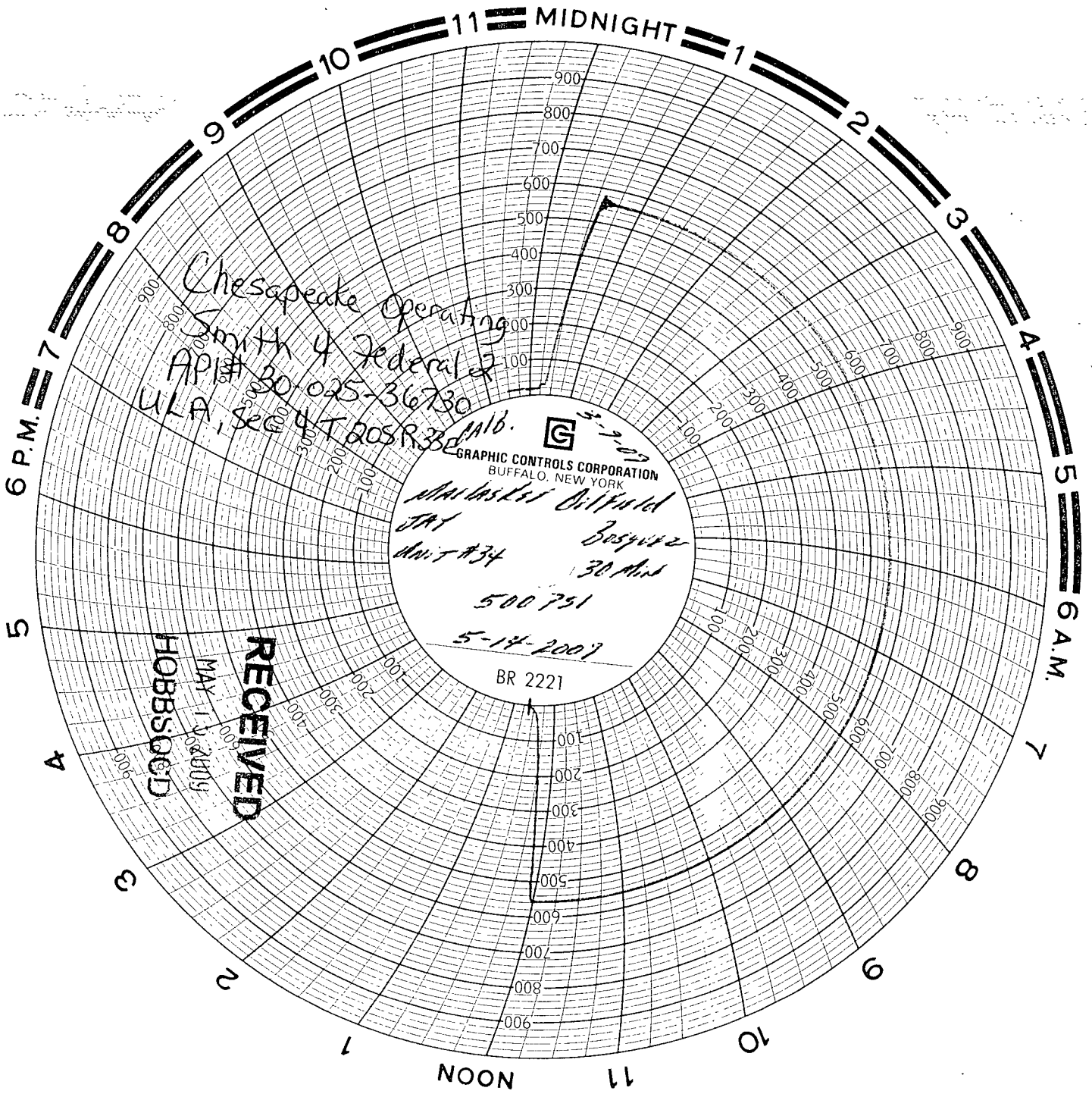
Tom W. Hill

TITLE

DISTRICT 1 SUPERVISOR

DATE MAY 18 2009

Conditions of Approval (if any):



CHESAIRE
SMITH #4 FEB #2

SEC 42033

Ret Lp
Zambale
Kenneth BOSS