Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	June 19, 2008 WELL API NO.
District II	MEDNSERVATION DIVISION	30-025-26473
		5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410 JUN 3 (District IV	2009 Santa Fe NM 87505	STATE X FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NMa 10BBS	SOCD	
SUNDRY NOTICES A (DO NOT USE THIS FORM FOR PROPOSALS TO DIFFERENT RESERVOIR. USE "APPLICATION	AND REPORTS ON WELLS O DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name Quail State
PROPOSALS.) 1. Type of Well: Oil Well Gas W	Vell Other -SW D /	8. Well Number 4
2. Name of Operator Chesapeake Operat	ing, Inc.	9. OGRID Number 147179
3. Address of Operator P.O. Box 18496 Oklahomma City	, OK 73154-0496	10. Pool name or Wildcat Quall
4. Well Location		
Unit Letter P : 660'	feet from the South line and 660	feet from the East light
Section 11	Township 19S Range 34E	NMPM County Lea
TOTAL AND LITTLE PROPERTY OF THE PROPERTY OF T	Elevation <i>(Show whether DR, RKB, RT, GR, etc.)</i> 61' GR	
12. Check Appro	priate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTEN	TION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
	.NGE PLANS	
DOWNHOLE COMMINGLE	CASING/CEIVIENT	10B
OTHER: Change Name	☑ OTHER:	П
13. Describe proposed or completed o	perations. (Clearly state all pertinent details, and	give pertinent dates, including estimated date
of starting any proposed work). So or recompletion.	EE RULE 1103. For Multiple Completions: Att	ach wellbore diagram of proposed completion
Chesapeake Operating, Inc. respectfully Quail State # 4 to the Quail Queen Unit R-12952.	request to change the name of this well from the # 4	
Name Change effective July 1, 2009	OPER. OGRID NO. 147179	7
PROPERTY NO. 37741		
POOL CODE 50450		
EFF. DATE DY-01-09		
	APINO. 30-025-264	13
Spud Date:	P' P I P	
Spud Date.	Rig Release Date:	
I hereby certify that the information above i	is true and complete to the best of my knowledge	and ballof
Thereby certify that the information above i	is true and complete to the best of my knowledge	and belier,
SIGNATURE My Min	TITLE Senior Regulatory Compl.	Sp. DATE 06/29/2009
Type or print name Bryan Arrant	E-mail address: <u>bryan.arrant@chk</u>	c.com PHONE: (405)935-3782
For State Use Only	YET POLEUM ENGINE	Anna Constant
APPROVED BY:	TITLE PEI, NO LEGIS EXCENT	DATE JUL 0 1 2009
Conditions of Approval (if any):		