Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	June 19, 2008
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-36226
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III	1220 South St. Francis Dr.	STATE TEE TEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	•	o. Suite on to dus Louise I to.
87505		
l .	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	Howse
PROPOSALS.)		8. Well Number 1
1. Type of Well: Oil Well	Gas Well Other SWD	1
2. Name of Operator Chesapeake	Operating, Inc.	9. OGRID Number
3. Address of Operator P.O. Box		10. Pool name or Wildcat
Oklahoma	a City, OK 73154-0496	SWD; San Andres
4. Well Location		5 W D, San Andres
	1980 feet from the South line and 33	feet from the West line
Section 17	Township 20S Range 39E	NMPM County Lea
Section 17	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
	3537' GR	···
12 Chack	Appropriate Box to Indicate Nature of Notice	Report or Other Data
12. Check	Appropriate Box to indicate Nature of Notice	, Report of Other Data
NOTICE OF IN	NTENTION TO: SUE	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON	CHANGE PLANS   COMMENCE DF	RILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL   CASING/CEMEN	NT JOB
DOWNHOLE COMMINGLE	<del></del>	<del></del>
_		
OTHER:	OTHER: MIT CI	
	pleted operations. (Clearly state all pertinent details, a	
	ork). SEE RULE 1103. For Multiple Completions: A	Attach wellbore diagram of proposed completion
or recompletion.		
Chesapeake respectfully submits	s MIT chart. Pressured up to 480 psi for 30 minutes. I	Held good.
		- Aeilen
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Spud Date:  I hereby certify that the information SIGNATURE	a above is true and complete to the best of my knowled	OUT 2 1 2009  HOBBSOCD  ge and belief.  DATE 10/21/2009
Spud Date:  I hereby certify that the information SIGNATURE  Type or print name Pat Richards	above is true and complete to the best of my knowled	OUT 2 1 2009 <b>HOBBSOCD</b> ge and belief.  DATE 10/21/2009
Spud Date:  I hereby certify that the information SIGNATURE	TITLE Production Assistant  E-mail address: pat.richards@cl	OUT Z 1 Z009  HOBBSOCD  ge and belief.  DATE 10/21/2009  hk.com PHONE: (575)391-1462
Spud Date:  I hereby certify that the information SIGNATURE  Type or print name Pat Richards  For State Use Only	TITLE Production Assistant  E-mail address: pat.richards@cl	UCI Z I Z009  HOBBSOCD  ge and belief.  DATE 10/21/2009  hk.com PHONE: (575)391-1462  ERVISOR OCT 2 1 2009
Spud Date:  I hereby certify that the information SIGNATURE  Type or print name Pat Richards	TITLE Production Assistant  E-mail address: pat.richards@cl	OUT Z 1 Z009  HOBBSOCD  ge and belief.  DATE 10/21/2009  hk.com PHONE: (575)391-1462

