

Submit 3 Copies To Appropriate District 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

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-07887 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chesapeake Operating, Inc.		6. State Oil & Gas Lease No.
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154-0496		7. Lease Name or Unit Agreement Name New Mexico F State ✓
4. Well Location Unit Letter D : 660 feet from the North line and 660 feet from the West line Section 36 Township 20S Range 38E NMPM County Lea ✓		8. Well Number 1 ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3563' GR		9. OGRID Number 147179 ✓
		10. Pool name or Wildcat SWD Glorietta ✓

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: 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.

Chesapeake respectfully submits MIT chart. Pressured to 320 psi for 30 minutes. No bleed off; pressure held good.

RECEIVED
OCT 27 2009
HOBBSUCD

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 10/27/2009

Type or print name Pat Richards

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

PHONE: (575)391-1462

For State Use Only

APPROVED BY:

Carly W. Hill

TITLE

DISTRICT 1 SUPERVISOR

DATE

OCT 27 2009

Conditions of Approval (if any):

6 P.M. 7 8 9 10 11

MIDNIGHT 1 2 3 4 5 6

RECEIVED

HOBBSD
04-27-09

GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

Test Date
10-26-09

BR 2221

Mr. J. White
CHK

CHESAPEAKE
New Mex. F. St. #1

30-025-07887

UL'D. Sz 36/T203, R238E

Post Workover Test

CALB 04/2009

Mark White
OCD

NOON 1 2 3 4 5 6 7 8 9 10 11