

Submit 1 Copy To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88201  
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  
October 13, 2009

**RECEIVED**  
**CONSERVATION DIVISION**  
**1220 South St. Francis Dr.**  
**Santa Fe, NM 87505**  
**FEB 10 2010**  
**HOBBS**

WELL API NO. 30-025-36730 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input 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 18496-0496  
Oklahoma City, 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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: Run step rate test, SWD Order 1031 <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please find this request to run a step rate test on this well.  
Chesapeake will provide 24 hour notice prior to running test.  
This is in order to apply for a injection pressure increase.

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 Bryan Arrant TITLE Senior Regulatory Compl. Sp. DATE 02/09/2010  
Type or print name Bryan Arrant E-mail address: bryan.arrant@chk.com PHONE: (405)935-3782  
**For State Use Only**  
APPROVED BY: [Signature] TITLE OC FIELD REPRESENTATIVE/STAFF MANAGER DATE 2-10-10  
Conditions of Approval (if any):