P/A'd. OK TO RELEASE.

Submit One Copy To Appropriate District Office	State of New Mexico			Form C-103		
District I	Energy, Minerals and Natural Resources			WELL API NO:	March 18, 200	09
1625 N. French Dr., Hobbs, NM 88240 District II	TI CONTRACTOR OF THE CONTRACTO			WELL API NO:	30-025-36259	ľ
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION			5. Indicate Type	of Lease	\neg
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.			ST <u>A</u> TE	FEE X	
District IV	Santa Fe, NIVI 8/303			6. State Oil & G	as Lease No.	
1220 S. 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				7. Lease Name or Unit Agreement Name Overland		
PROPOSALS.) 1. Type of Well: XOil Well Gas Well Other				8. Well Number 1		
2. Name of Operator Chesapeake Operating, Inc.				9. OGRID Number 147179		
3. Address of Operator P.O. Box 18496			10. Pool name or Wildcat			
Oklahoma City, OK 73154-0496			Dean; Wolfcamp, East			
4. Well Location N						
Unit Letter V: 1276' feet from the South line and 1724' feet from the West line						
Section 2 Township 16S Range 37E NMPM County Lea						
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3791' GR						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data						
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT				ILLING OPNS		
OTHER:						
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.						
A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the						
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR						
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.						
The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and						
other production equipment. Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.						
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed						
from lease and well location.						
🛛 All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have						
to be removed.)						
All other environmental concerns have been addressed as per OCD rules. Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non-						
retrieved flow lines and pipelines.						
When all work has been completed, re	turn this form to the ar	propriate D	istrict office to sch	edule an inspectio	n.	
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SIGNATURE JOHN JOHN SIGNATURE	aldo	_TITLE_Pro	oduction Assistant		DATE <u>05/06/2010</u>	_
TYPE OR PRINT NAME Pat Richard	ls	_E-MAIL:	pat.richards@chk.u	com	PHONE: <u>(575)391-1462</u>	_
For State Use Only	Run 2	/			E/11/201	1~
APPROVED BY:	Drown	TITLE <u></u>	emplianc	e africa	LDATE 3/11/201	U