## P/A'd. OK TO RECEASE. MUS. 5/25/2010

|  |   | ,                | . 4/20                                | , — -                                 |  |                 |
|--|---|------------------|---------------------------------------|---------------------------------------|--|-----------------|
| Submit One Copy To Appropriate District  | State of New Mexico   |                  |                                       |                                       |  | rm C-103        |
| Office District I  | Energy, Minerals and Natural Resources                            |                  |                                       | March 18, 2009                        |  |                 |
| 1625 N. French Dr., Hobbs, NM 88240  |   |                  |                                       | WELL API NO. 30-025-35131             |  |                 |
| <u>District II</u><br>1301 W. Grand Ave., Artesia, NM 88210  | ct II<br>W. Grand Ave. Artesia NM 88210 OIL CONSERVATION DIVISION |                  |                                       | 5 I. J T.                             |  |                 |
| District III   | strict III 1220 South St. Francis Dr.                             |                  |                                       | <ol><li>Indicate Type STATE</li></ol> |  | X               |
| 000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505   |   |                  | 6. State Oil & G                      |                                       |  |                 |
| District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505  |   |                  |                                       | o. State Off & G                      | as Lease No.   |                 |
| SUNDRY NOTICES AND REPORTS ON WELLS  |   |                  |                                       | 7. Lease Name o                       | or Unit Agreeme  | nt Name         |
| (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.)  |   |                  |                                       | Warehouse 10                          | , ,  |                 |
| 1. Type of Well: XOil Well Gas Well Other / RECEIVED   |   |                  |                                       | 8. Well Number                        | 2  | /               |
| 2. Name of Operator Chesapeake Operating, Inc.   |   |                  |                                       | 9. OGRID Numb                         | oer<br>147179  | /               |
| Address of Operator P.O. Box 18496   |   |                  | 10. Pool name or                      | r Wildcat                             |  |                 |
| Oklahoma C   | Oklahoma City, OK 73154-0496 HOBBSOCD                             |                  | Lovington; Uppe                       | r Penn, Northea                       | st   |                 |
| 4. Well Location /   |   |                  |                                       |                                       |  |                 |
| Unit Letter B: 1096'   | feet from the North   | line and 24      | 44' feet from the Ea                  | st_line                               |  |                 |
|  | ip 16S Range 36E  |                  |                                       |                                       | /  |                 |
|  | 11. Elevation (Show w   |                  |                                       |                                       | The state of the s |                 |
|  | 3909' GR  |                  |                                       |                                       |  |                 |
| 12. Check Appropriate Box to   | Indicate Nature of  | Notice, R        | eport or Other D                      | ata                                   |  |                 |
| NOTICE OF INT  | ENTION TO:  | 1                | SUBS                                  | SEQUENT RE                            | PORT OF  |                 |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR  |   |                  |                                       |                                       | ALTERING CA  | ASING 🗆         |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR   |   |                  |                                       | P AND A                               |  |                 |
|  | MULTIPLE COMPL  |                  | CASING/CEMENT                         | JOB 🗆                                 |  |                 |
|  | •   | _                |                                       |                                       |  |                 |
| OTHER:   | 1' '-' OCD  |                  | Location is re                        |                                       |  | <u>.A</u>       |
| <ul><li>All pits have been remediated in</li><li>Rat hole and cellar have been fill</li></ul>  |   |                  |                                       |                                       |  |                 |
| X A steel marker at least 4" in diam   |   |                  |                                       |                                       |  |                 |
| 21 12 5000 11001101 00 11001   |   | <i>6</i>         |                                       |                                       |  |                 |
| <b>OPERATOR NAME, LEAS</b>   |   |                  |                                       |                                       |  | N OR            |
| UNIT LETTER, SECTION   |   |                  |                                       | <u>N HAS BEEN W</u>                   | ELDED OR   |                 |
| <u>PERMANENTLY STAMP</u>   | ED ON THE MARKE   | CR'S SURI        | ACE.                                  |                                       |  |                 |
| ☐ The location has been leveled as   | nearly as possible to or  | iginal grour     | nd contour and has b                  | peen cleared of all                   | junk, trash, flov  | v lines and     |
| other production equipment.  |   |                  |                                       |                                       |  |                 |
| Anchors, dead men, tie downs an  |   |                  |                                       |                                       | . 1  | 1.1             |
| If this is a one-well lease or last roocd rules and the terms of the Opera   |   |                  |                                       |                                       |  |                 |
| from lease and well location.  | tor's pit permit and cros   | sure pian. 1     | an now mies, produ                    | etion equipment a                     | ma junk nave ot  | en removed      |
| X All metal bolts and other materials  | s have been removed. 1  | Portable bas     | ses have been remov                   | ved. (Poured onsite                   | e concrete bases   | do not have     |
| to be removed.)  |   |                  |                                       | `                                     |  |                 |
| All other environmental concerns   |   |                  |                                       |                                       |  |                 |
| Pipelines and flow lines have bee  | n abandoned in accorda  | ance with 15     | 9.15.35.10 NMAC.                      | All fluids have be                    | en removed fro   | m non-          |
| retrieved flow lines and hinelines   |   |                  |                                       |                                       |  |                 |
| realieved now lines and pipelines.   |   |                  |                                       |                                       |  |                 |
| retrieved flow lines and pipelines.  When all work has been completed, re  | eturn this form to the an   | propriate D      | istrict office to sche                | edule an inspection                   | 1.   |                 |
|  | eturn this form to the ap   | propriate D      | istrict office to sche                | edule an inspection                   | ı <b>.</b>   |                 |
|  | eturn this form to the ap   | •                |                                       | edule an inspection                   | ı <b>.</b>   |                 |
| When all work has been completed, re   | eturn this form to the ap   | •                | vistrict office to sche               | ·                                     | _Date <u>05/<b>18</b>//</u>  |                 |
| When all work has been completed, re   | hards   | TITLE Pro        | oduction Assistant                    |                                       | _DATE_ <u>05/<b>13</b>/2</u>   | 2010            |
| When all work has been completed, resident of the state o | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |
| When all work has been completed, resident of the state o | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |
| When all work has been completed, resident of the state o | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |
| When all work has been completed, resident of the state o | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |
| When all work has been completed, residually signature.  SIGNATURE.  TYPE OR PRINT NAME Pat Richard  | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |
| When all work has been completed, residually signature.  TYPE OR PRINT NAME Pat Richard  | lards ds  | TITLE <u>Pro</u> | oduction Assistant pat.richards@chk.c | om I                                  | _DATE <u>05/<b>18</b>//</u><br>PHONE: <u>(575)3</u>  | 2010<br>91-1462 |