

Submit 1 Copy 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  
October 13, 2009

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-37041 ✓
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input 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 TCB 36 State ✓
4. Well Location Unit Letter <u>L</u> : 1980' feet from the <u>South</u> line and <u>.660</u> ' feet from the <u>West</u> line Section <u>36</u> Township <u>20s</u> Range <u>38E</u> NMPM County <u>Lea</u>		8. Well Number <u>4</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3569' GR		9. OGRID Number <u>147179</u> ✓
		10. Pool name or Wildcat Blinebry; O & G/Warren; Tubb, East

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: DHC for Pre Approved Pools <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.

Chesapeake Operating, Inc. request authority to DHC the following pre-approved pools in compliance with NMOCD's: 19.15.12.11 (C) (2).

- A) Pursuant to Division Order R 11363. DHC-0230 established pre-approved pools in this area.  
B) Warren; Tubb, East, Pool Code # 87085 & Blinebry Oil & Gas, Pool Code # 6660.  
C) Tubb perms: 6551'-6774'. Blinebry perms: 6522'-6538'.  
D) Allocation method will be based on test results.  
E) Commingling will not reduce the total remaining production's value.  
F) Ownership is the same for both pools.  
G) A copy of NMOCD's C-103 has been submitted to the State Land Office.  
See allocation method next page.

DHC-HOB-0378

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

TITLE Senior Regulatory Compl. Sp.

DATE 05/26/2010

Type or print name Bryan Arrant

E-mail address: bryan.arrant@chk.com

PHONE: (405)935-3782

For State Use Only

APPROVED BY:

TITLE

DATE

Conditions of Approval (if any):

PETROLEUM ENGINEER

MAY 26 2010

TCB State # 4  
Unit L, Sec. 36, T-29-S R-38-E  
Lea Co., NM  
(API # 30-025-37041)

The allocation method will be as follows:

	Oil	%	Water	%	Gas	%
Tubb	46.5 BO	93%	126 BW	93%	45.6 MCF	93%
Bliebry	3.5 BO	7%	9 BW	7%	3.4 MCF	7%
	50 BO	100%	135 BW	100%	49 MCF	100%

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RECEIVED  
FEB 23 2010  
HOBBSOCD

State of New Mexico  
Geology, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

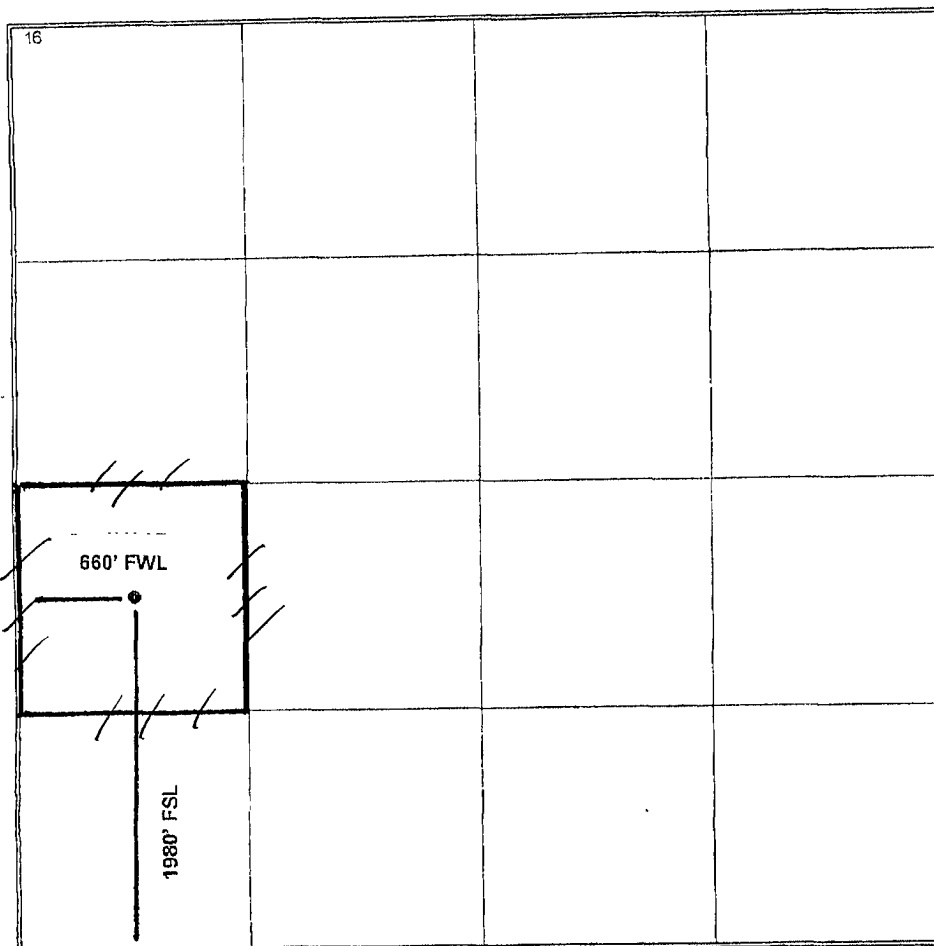
Form C 102  
Revised October 15, 2009  
Submit one copy to appropriate  
District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-37041		<sup>2</sup> Pool Code 87085		<sup>3</sup> Pool Name Undes. Warren; Tubb, East					
<sup>4</sup> Property Code 34086		<sup>5</sup> Property Name TCB 36 State			<sup>6</sup> Well Number 4				
<sup>7</sup> OGRID No 147179		<sup>8</sup> Operator Name Chesapeake Operating, Inc.			<sup>9</sup> Elevation 3569' GR				
<sup>10</sup> Surface Location									
UL or lot no L	Section 36	Township 20S	Range 38E	Lot 1 dn	Feet from the 1980'	North/South line South	Feet from the 660'	East/West line West	County Lea
<sup>11</sup> Bottom Hole Location If Different From Surface									
UL or lot no.	Section	Township	Range	Lot 1 dn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Dedicated Acres 40		<sup>13</sup> Joint or Infill		<sup>14</sup> Consolidation Code		<sup>15</sup> Order No.			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and correct to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the surface and bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature: <i>Bryan Arrant</i> Date: 02/22, 2010 Bryan Arrant Printed Name
	<sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief. Date of Survey Signature and Seal of Professional Surveyor Please Refer to Original Plat Certificate Number

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State of New Mexico

Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form 17-102

Revised October 15, 2009

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District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number 30-025-37041		<sup>2</sup> Pool Code 6660		<sup>3</sup> Pool Name Blinebry Oil & Gas (Oil)	
<sup>4</sup> Property Code 34086		<sup>5</sup> Property Name TCB 36 State			<sup>7</sup> Well Number 4
<sup>7</sup> OGRID No. 147179		<sup>8</sup> Operator Name Chesapeake Operating, Inc.			<sup>6</sup> Elevation 3569' GR

<sup>10</sup> Surface Location

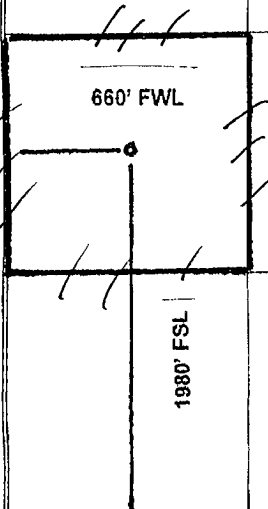
UL or lot no. L	Section 36	Township 20S	Range 38E	Lot 1 dn	Feet from the 1980'	North/South line South	Feet from the 660'	East/West line West	County Lea
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot 1 dn	Feet from the	North/South line	Feet from the	East/West line	County
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<sup>12</sup> Dedicated Acres 40	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<div>16</div> 	<div>17 OPERATOR CERTIFICATION</div> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or undivided mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location and it is in contract with an owner of such a mineral or working interest or to a voluntary pooling agreement or a cooperation pooling and herefore authorized by the division</p> <p><i>Bryan Arrant</i> 02/22/2010 Signature Date</p> <p>Bryan Arrant Printed Name</p>
	<div>18 SURVEYOR CERTIFICATION</div> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief</p> <p>_____ Date of Survey</p> <p>_____ Signature and Seal of Professional Surveyor</p> <p><b>Please Refer to Original Plat</b></p> <p>_____ Certificate Number</p>