Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resources	WELL API NO. October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-38530
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410		STATE X FEE
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement 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.)		Keller 11 State
1. Type of Well: Oil Well Gas Well Other Dry Hole		8. Well Number 1
2. Name of Operator Chesapeake Operating, Inc.		9. OGRID Number 247179 14 7179
3. Address of Operator P.O. Box 18496		10. Pool name or Wildcat
Oklahoma City, OK 73154-0496		Antelope Ridge; Bone Springs, North
4. Well Location		
	1980 feet from the North line and 3	/
Section 11	Township 23S' Range 34E	NMPM CountyLea /
and the second of the second o	11. Elevation (Show whether DR, RKB, RT, GR, et	<i>c.)</i>
	3368 GR	
12. Check A	Appropriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF IN	ITENTION TO: SU	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR		
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRIL		RILLING OPNS. □ P AND A □
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEME	NT JOB
DOWNHOLE COMMINGLE		
OTHER:	☐ OTHER: GPS co	pordinates X
	eleted operations. (Clearly state all pertinent details, a	
	ork). SEE RULE 19.15.7.14 NMAC. For Multiple C	
Chesapeake respectfully submits	GPS coordinates for future reference:	
N 32° 19. 257 W103° 26.900		STATE OF THE STATE
W103 20.900	-Below ground market	RECEIVED
	J	
		JUN 10 2010
		HOBBSOCD
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowled	lge and belief.
SIGNATURE JOH	Mad de TITLE Production Assistant	DATE 06/10/2010
Type or print name Pat Richards For State Use Only	E-mail address: pat.richards@c	PHONE: (575)391-1462
For State Use Only	VII 0 .~	
APPROVED BY: Wall	Thatalan TITLE LONDHAUG OFF	Acer DATE 06/14/2010
Conditions of Approval (if any):	ı	
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