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State of New Mexico HOBBSON

Form C-103  
March 18, 2009

Submit One 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

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HOBBSON

Energy, Minerals and Natural Resources

CONSERVATION DIVISION

1220 South St. Francis Dr.  
Santa Fe, NM 87505

|                                      |  |
|--------------------------------------|--|
| WELL API NO.                         | 30-025-12464 ✓   |
| 5. Indicate Type of Lease            | STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓ |
| 6. State Oil & Gas Lease No.         |  |
| 7. Lease Name or Unit Agreement Name | W B Maveety ✓  |
| 8. Well Number                       | 5 ✓  |
| 9. OGRID Number                      | 147179 ✓   |
| 10. Pool name or Wildcat             | Eumont Yates 7 Rvrs QN (Pro Gas) ✓                                       |

**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 ✓

2. Name of Operator  
Chesapeake Operating, Inc. ✓

3. Address of Operator  
P.O. Box 18496  
Oklahoma City, OK 73154-0496

4. Well Location  
Unit Letter G : 1989' feet from the North line and 1991' feet from the East line  
Section 35 Township 19S Range 36E NMPM \_\_\_\_\_ County Lea ✓

|  |
|--|
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3609' GR |
|--|

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

|   |   |
|---|---|
| <p><b>NOTICE OF INTENTION TO:</b></p> <p>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/></p> <p>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/></p> <p>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/></p> <p>OTHER: <input type="checkbox"/></p> | <p><b>SUBSEQUENT REPORT OF:</b></p> <p>REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/></p> <p>COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/></p> <p>CASING/CEMENT JOB <input type="checkbox"/></p> <p><input checked="" type="checkbox"/> Location is ready for OCD inspection after P&amp;A</p> |
|---|---|

- ☒ 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 tie down 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, return this form to the appropriate District office to schedule an inspection.

SIGNATURE Bryan Arrant TITLE Senior Regulatory Compl. Sp. DATE 07/09/2010

TYPE OR PRINT NAME Bryan Arrant E-MAIL: bryan.arrant@chk.com PHONE: (405)935-3782

For State Use Only

APPROVED BY: Mark Whitaker TITLE Compliance Officer DATE 7-28-2010

Conditions of Approval (if any):