

Submit 3 Copies 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  
Revised June 10, 2003

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

|   |
|---|
| WELL API NO.<br>30-025-29048  |
| 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Christmas 7   |
| 8. Well Number<br>002   |
| 9. OGRID Number<br>147179   |
| 10. Pool name or Wildcat<br>Monument; Tubb  |

**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 A : 380 feet from the North line and 420 feet from the East line  
Section 7 Township 20S Range 38# NMPM Lea County

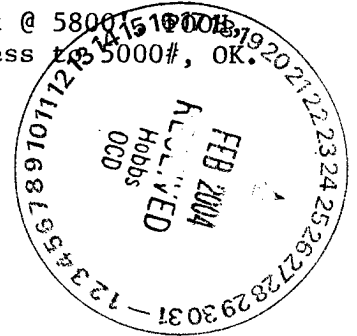
11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
GR: 3567.5'

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

| NOTICE OF INTENTION TO:                                 |  | SUBSEQUENT REPORT OF:                               |   |
|---|--|---|---|
| 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 checked="" type="checkbox"/> | CHANGE PLANS <input type="checkbox"/>        | COMMENCE DRILLING OPNS. <input type="checkbox"/>    | PLUG AND ABANDONMENT <input type="checkbox"/> |
| PULL OR ALTER CASING <input type="checkbox"/>           | MULTIPLE COMPLETION <input type="checkbox"/> | CASING TEST AND CEMENT JOB <input type="checkbox"/> |   |
| OTHER: Set CIBP <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07/29/03 MIRU Basic WS, LD 238-3/4" rods & pump, NU BOP, LD 182-2+3/8" tbg, ND BOP, ND wellhead, install swedge & 2" valve on, SI to drill replacement well  
09/12/03 RU WL truck, RIH w/GR to 6000', POOH, RIH w/CIBP, set @ 5800' 1510015, 1920212232425262728293031  
RIH, dump 10' cmt on top of CIBP, load w/102 bbls 2% KCL, press 155000#, OK.  
Final report.



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Barbara J. Bale 02/20/04 TITLE Regulatory Analyst DATE 09/25/03

Type or print name Barbara J. Bale E-mail address: bbale@chkenergy.com Telephone No. (405) 848-8000

(This space for State use)

APPROVED BY [Signature] TITLE PETROLEUM ENGINEER DATE FEB 27 2004

Conditions of approval, if any: