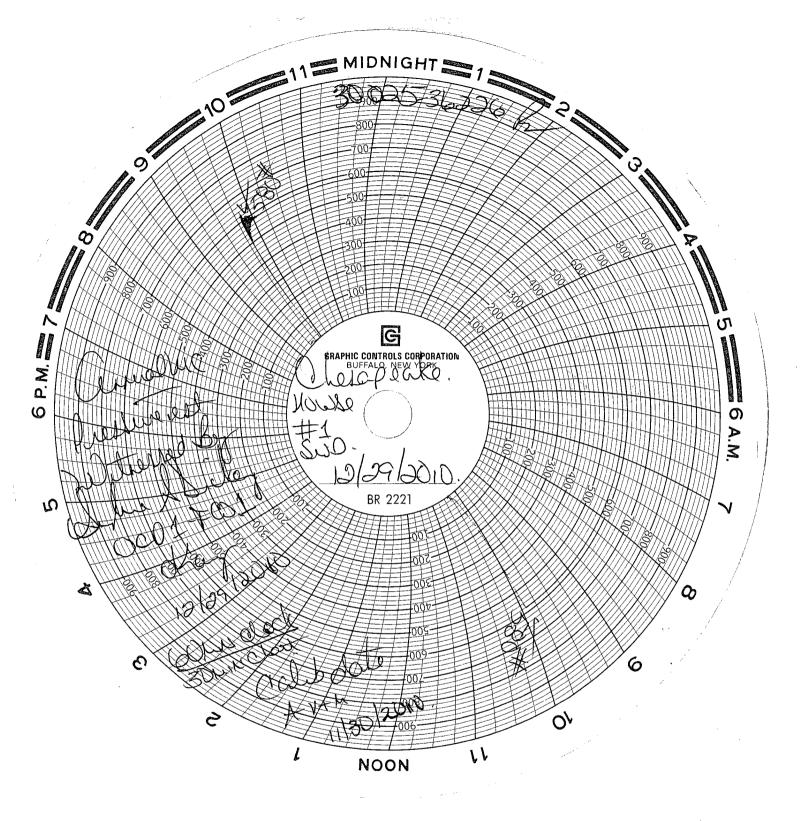
Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		October 13, 2009		
1625 N. French Dr., Hobbs, NM 88240			WELL API NO. 30-025-36226		
<u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION		5. Indicate Type of Lease		
District III	1220 South St. Francis Dr.		STATE [FEE X	
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505		6. State Oil & Ga		
1220 S. St. Francis Dr., Santa Fe, NM					
	CES AND REPORTS ON WELLS			r Unit Agreement Na	ame
(DO NOT USE THIS FORM FOR PROPO DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)			Howse		
1. Type of Well: Oil Well Gas Well Other Salt Water Disposal			8. Well Number 1		
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179		
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154-0496			10. Pool name or Wildcat SWD;San Andres		
4. Well Location			J S W D, Sain Andres		/
	1980 feet from the South	line and 330	feet from	m the West	line
Section 17		ange 39E	NMPM	CountyLea	_
	11. Elevation (Show whether DR				
	3537' GR		in the state of		
12. Check A	Appropriate Box to Indicate N	lature of Notice,	Report or Other	Data	
NOTICE OF IN	TENTION TO:	l SIIR	SEQUENT RE	DODT OF:	
NOTICE OF INTENTION TO: SUBSEQ				ALTERING CASING	э П
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRII				P AND A	Ī
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT					
DOWNHOLE COMMINGLE					
OTHER:		OTHER: MIT			X
13. Describe proposed or comp	leted operations. (Clearly state all	pertinent details, and			ed date
	ork). SEE RULE 19.15.7.14 NMAC	C. For Multiple Cor	npletions: Attach v	vellbore diagram of	
proposed completion or rec	ompletion.				
Chesapeake respectfully submits	the following:				
	T chart for 30 minutes. Pressure he		ckey with the NMO	CD and Fred Ferbra	che
with Chesapeake witnessed this t	est. Sylvia Dickey with the NMOC	D took the chart.	~		
			RECEI		
				WED	
			FEB 1826	110	
			HOBBSUCD		
		•	100000		
Spud Date:	Rig Release Da	ate:			
I hereby certify that the information	ahove is true and complete to the b	est of my knowledge	e and helief		
i nereoy county that the information		est of my knowledge	e and benef.		
MA	band o				
SIGNATURE JULY) (TITLE Produc	tion Assistant	DA	TE_02/18/2011	
Type or print name Pat Richards	E-mail address	s: pat.richards@chl	c.com PH	ONE: (575)391-146	52
For State Use Only					
ADDDOVED DV) / //	AL NET	<u>.</u>	2 22 C	- 11
APPROVED BY (If apy):	TITLE ST.	MAN MAR	DA	те <i>2-22-2</i>	0]]
Conditions of Apploral (II agry). /	/				



1=1100 C=8 S=8.