

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-101  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
State Lease - 6 Copies  
Fee Lease - 5 Copies

☐ AMENDED REPORT

APPLICATION FOR PERMIT TO DRILL, RE-ENTER, DEEPEN, PLUGBACK, OR ADD A ZONE

<sup>1</sup> Operator Name and Address. Chesapeake Operating, Inc. P.O. Box 18496 Oklahoma City, OK 73154-0496		<sup>2</sup> OGRID Number 147179
<sup>3</sup> Property Code R6DB	<sup>4</sup> Property Name CHAMBERS 7	<sup>5</sup> API Number 30-025-33623
		<sup>6</sup> Well No. 1

<sup>7</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	7	16S	36E		1700'	North	900'	East	Lea

<sup>8</sup> Proposed Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>9</sup> Proposed Pool 1 Wildcat Strawn					<sup>10</sup> Proposed Pool 2				

<sup>11</sup> Work Type Code N	<sup>12</sup> Well Type Code O	<sup>13</sup> Cable/Rotary R	<sup>14</sup> Lease Type Code P	<sup>15</sup> Ground Level Elevation 3900'
<sup>16</sup> Multiple N	<sup>17</sup> Proposed Depth 11,730'	<sup>18</sup> Formation Strawn	<sup>19</sup> Contractor Ziadril #2	<sup>20</sup> Spud Date 11-1-96

<sup>21</sup> Proposed Casing and Cement Program

Hole Size	Casing Size	Casing weight/foot	Setting Depth	Sacks of Cement	Estimated TOC
17-1/2	13-3/8	48	450'	514	Surface
11"	8-5/8"	28 & 32	4,700	1590	Surface
7-7/8"	5-1/2"	20	11,730'	600 1st Stg.	11,730-8500
				700 2nd Stg.	8500-4500'

<sup>22</sup> Describe the proposed program. If this application is to DEEPEN or PLUG BACK give the data on the present productive zone and proposed new productive zone. Describe the blowout prevention program, if any. Use additional sheets if necessary.

Chesapeake Operating, Inc. purposes to drill to 11,730 T.D. in the Atoka Shale with Ziadril #2 as the drilling contractor.

Ziadril's BOP stack consists of 11"x5000# Shaffer Double with 11"x5000# Hydrill Annular Preventor.

Permit Expires 1 Year From Approval  
Date Unless Drilling Underway

<sup>23</sup> I hereby certify that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Barbara J. Bale*

Printed name:  
Barbara J. Bale

Title:  
Regulatory Analyst

Date:  
10-2-96

Phone: 848  
(405) 848-8000

OIL CONSERVATION DIVISION

Approved by: *ORIGINAL COPY BY JERRY SEXTON*

Title: *DEPUTY REGULATORY ANALYST*

Approval Date: OCT 15 1996

Expiration Date:

Conditions of Approval:  
Attached ☐

# C-101 Instructions

Measurements and dimensions are to be in feet/inches. Well locations will refer to the New Mexico Principal Meridian.

IF THIS IS AN AMENDED REPORT CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

- |   |                             |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
|---|-----------------------------|----------|---|----------|---|--------------|---|----------|---|------------|---|-----------------------|---|-----------------------|---|--------------------|---|----------------|---|----------|---|-------------------|---|---------------------|---|-----------------------------|---|-------------------------|---|---------|---|-------|---|---------|---|--------|---|-----------|---|-----|---|--------------------|--|
| <p>1 Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.</p> <p>2 Operator's name and address</p> <p>3 API number of this well. If this is a new drill the OCD will assign the number and fill this in.</p> <p>4 Property code. If this is a new property the OCD will assign the number and fill it in.</p> <p>5 Property name that used to be called 'well name'</p> <p>6 The number of this well on the property.</p> <p>7 The surveyed location of this well New Mexico Principal Meridian NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD Unit Letter.</p> <p>8 The proposed bottom hole location of this well at TD</p> <p>9 and 10 The proposed pool(s) to which this well is being drilled.</p> <p>11 Work type code from the following table:</p> <table border="0"> <tr><td>N</td><td>New well</td></tr> <tr><td>E</td><td>Re-entry</td></tr> <tr><td>D</td><td>Drill deeper</td></tr> <tr><td>P</td><td>Plugback</td></tr> <tr><td>A</td><td>Add a zone</td></tr> </table> <p>12 Well type code from the following table:</p> <table border="0"> <tr><td>O</td><td>Single oil completion</td></tr> <tr><td>G</td><td>Single gas completion</td></tr> <tr><td>M</td><td>Mutiple completion</td></tr> <tr><td>I</td><td>Injection well</td></tr> <tr><td>S</td><td>SWD well</td></tr> <tr><td>W</td><td>Water supply well</td></tr> <tr><td>C</td><td>Carbon dioxide well</td></tr> </table> <p>13 Cable or rotary drilling code</p> <table border="0"> <tr><td>C</td><td>Propose to cable tool drill</td></tr> <tr><td>R</td><td>Propose to rotary drill</td></tr> </table> <p>14 Lease type code from the following table:</p> <table border="0"> <tr><td>F</td><td>Federal</td></tr> <tr><td>S</td><td>State</td></tr> <tr><td>P</td><td>Private</td></tr> <tr><td>N</td><td>Navajo</td></tr> <tr><td>J</td><td>Jicarilla</td></tr> <tr><td>U</td><td>Ute</td></tr> <tr><td>I</td><td>Other Indian tribe</td></tr> </table> <p>15 Ground level elevation above sea level</p> <p>16 Intend to mutiple complete? Yes or No</p> <p>17 Proposed total depth of this well</p> | N                           | New well | E | Re-entry | D | Drill deeper | P | Plugback | A | Add a zone | O | Single oil completion | G | Single gas completion | M | Mutiple completion | I | Injection well | S | SWD well | W | Water supply well | C | Carbon dioxide well | C | Propose to cable tool drill | R | Propose to rotary drill | F | Federal | S | State | P | Private | N | Navajo | J | Jicarilla | U | Ute | I | Other Indian tribe | <p>18 Geologic formation at TD</p> <p>19 Name of the intended drilling company if known.</p> <p>20 Anticipated spud date.</p> <p>21 Proposed hole size ID inches, proposed casing OD inches, casing weight in pounds per foot, setting depth of the casing or depth and top of liner, proposed cementing volume, and estimated top of cement</p> <p>22 Brief description of the proposed drilling program and BOP program. Attach additional sheets if necessary.</p> <p>23 The signature, printed name, and title of the person authorized to make this report. The date this report was signed and the telephone number to call for questions about this report.</p> |
| N   | New well                    |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| E   | Re-entry                    |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| D   | Drill deeper                |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| P   | Plugback                    |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| A   | Add a zone                  |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| O   | Single oil completion       |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| G   | Single gas completion       |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| M   | Mutiple completion          |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| I   | Injection well              |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| S   | SWD well                    |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| W   | Water supply well           |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| C   | Carbon dioxide well         |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| C   | Propose to cable tool drill |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| R   | Propose to rotary drill     |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| F   | Federal                     |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| S   | State                       |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| P   | Private                     |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| N   | Navajo                      |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| J   | Jicarilla                   |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| U   | Ute                         |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |
| I   | Other Indian tribe          |          |   |          |   |              |   |          |   |            |   |                       |   |                       |   |                    |   |                |   |          |   |                   |   |                     |   |                             |   |                         |   |         |   |       |   |         |   |        |   |           |   |     |   |                    |  |