

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO. 30-025-34133
5. Indicate Type of Lease STATE ☒ FEE ☐
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name KIM 1
8. Well No. 1
9. Pool name or Wildcat N.E. Lovington-Penn

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 New Drilling Well	
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 <u>P</u> : <u>730</u> Feet From The <u>S</u> Line and <u>716</u> Feet From The <u>E</u> Line Section <u>1</u> Township <u>16S</u> Range <u>36E</u> NMPM LEA County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3,863'	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐	REMEDIAL WORK ☐
TEMPORARILY ABANDON ☐	ALTERING CASING ☐
PULL OR ALTER CASING ☐	COMMENCE DRILLING OPNS. ☐
OTHER: ☐	PLUG AND ABANDONMENT ☐
	CASING TEST AND CEMENT JOB ☐
	OTHER: Spud-Surf Csg - Prod Csg ☒

12. 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.

9-17-97 Spud well @ 5:00 p.m. Patterson Drilling Rig #45

9-19-97 RU csg crew, run 11 jts 13-3/8" 54.5# H40 8RD STC csg, float collar @440', float shoe @485', circ. on bottom, blush w/20 BW, cement w/495 sks Prem+ additives, 14.8 PPG, 1.34 yield, plug down, WOC: 13 hrs

9-25-97 RU & run 108 jts 8-5/8" 32# M80 STC csg. RU Halliburton, circ, wash to bottom, cement w/1390 sks HLC+ additives, follow w/200 sks Cl. C Prem+ additives, plug down. WOC, cut off & weld on head. WOC: 8 1/2 hrs.

9-26-97 NU & test BOP to 1000#, PU DC's, test pipe ram to 1000#, TIH, TOC @4590'

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

SIGNATURE Barbara J. Bale *Barbara J. Bale* TITLE Regulatory Analyst DATE 10-07-97

TYPE OR PRINT NAME Barbara J. Bale TELEPHONE NO. (405)848-8000

(This space for State Use)
ORIGINAL DELETED BY DNR S WILLIAMS
DISTRICT I SUPERVISOR

APPROVED BY _____ TITLE _____ DATE OCT 23 1997

CONDITIONS OF APPROVAL, IF ANY: