Submit 3 Copies to Appropriate District Office

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-103
Revised 1-1-89

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. 30-025-34340

5. Indicate Type of Lease STATE ☐ FEE ☒

6. State Oil & Gas Lease No.

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.)

7. Lease Name or Unit Agreement Name: CARLISLE "7"

1. Type of Well: OIL WELL ☐ GAS WELL ☐ OTHER New Drilling Well

2. Name of Operator: Chesapeake Operating, Inc.

8. Well No. 1

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

9. Pool name or Wildcat: N.E. Shoe Bar-Strawn

4. Well Location
Unit Letter Lot 3 : 2238 Feet From The south Line and 1087 Feet From The west Line

Section 7 Township 16S Range 36E NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.) GR: 3960'

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK	☐	PLUG AND ABANDON	☐	REMEDIAL WORK	☐	ALTERING CASING	☐
TEMPORARILY ABANDON	☐	CHANGE PLANS	☐	COMMENCE DRILLING OPNS.	☐	PLUG AND ABANDONMENT	☐
PULL OR ALTER CASING	☐			CASING TEST AND CEMENT JOB	☐		
OTHER:	☐			OTHER: 9-5/8" Casing			☒

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.

03-21-98 RU csg crew, run 94 jts 9-5/8" 40# J55 LTC csg @4,192', float collar @ 4147', float shoe @ 4192', RD csg crew, RU cement crew, circ, cement w/1500 sks 35/65 POZ + additives, 12.5 PPG, 2.04 yield, cont w/200 sks Cl C additives, 14.8 PPG, 1.32 yield, circ 300 sks to pit, WOC 23-1/4 hrs, cut off, weld on head, NU, test BOP, blind rams, pipe rams, manifolk & kelly valves 200#-3000#, test hydril 200#-1500#, PU BHA & 26 DCs, TIH, drill cement & float collar, drill ahead.

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

SIGNATURE Barbara J Bale TITLE Regulatory Analyst DATE 03-25-98

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

(This space for State Use,

APPROVED BY GARY WINK FIELD REP. II TITLE DATE APR 03 1998

CONDITIONS OF APPROVAL, IF ANY: