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

Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address	2 OGRID Number
Chesapeake Operating, Inc. P. O. Box 18496 Oklahoma City, OK 73154-0496	147179
	3 Reason for Filing Code: NW 1-19-2000

4 API Number	5 Pool Name	6 Pool Code
30 - 0 25-34685	~~N.E. Lovington Penn~~ WILDCAT WOLFCAMP	~~40760~~ 97005
7 Property Code	**8 Property Name**	**9 Well Number**
24845	B. Medlin 10	1

II. 10 Surface Location

Ul or lot no.	Section	Township	Range	Lot.Ida	Feet from the	North/South Line	Feet from the	East/West line	County
~~D~~ E	10	16S	37E		2133	North	633	West	LEA

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
E	10	16S	37E		1987	N	613	W	Lea

12 Lse Code	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date
S	P	1-14-2000			

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
138648	Amoco Pipeline ICP 502 Northwest Avenue Levelland, TX 79336	2824873	O	Sec 10, 16S-37E 2133' FNL & 633' FWL Lea Co., NM
024650	Dynegy Midstream Services LTD Partnership %Vickie Hopson 1000 Louisiana, Ste 5800 Houston, TX 77002-5050		G	Same
		2824874		

IV. Produced Water

23 POD	24 POD ULSTR Location and Description
282 4875	

V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
10/18/99	01/10/2000	12,200'	11,550'	10624-628' 10635-391' 11616-636'

30 Hole Size	31 Casing & Tubing Size	32 Depth Set	33 Sacks Cement
17-1/2"	13-3/8"	490'	495
12-1/4"	9-5/8"	4,573'	1715
7-7/8"	5-1/2"	12,200'	275 1st Stg
			700 2nd Stg

VI. Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure
01/24/00	01/14/00	01/24/00	24 hrs	50 psi	65
40 Choke Size	**41 Oil**	**42 Water**	**43 Gas**	**44 AOF**	**45 Test Method**
1"	23	87	80	--	Pump

46 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Randy Casaway
Printed name: Randy Casaway
Title: Asset Manager
Date: 01/24/2000 Phone: (405)848-8000

OIL CONSERVATION DIVISION

Approved by: David J Kautz
Title:
Approval Date: FEB 14 2000

47 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date

KZ

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.
Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filing code from the following table:
   - NW New Well
   - RC Recompletion
   - CH Change of Operator
   - AO Add oil/condensate transporter
   - CO Change oil/condensate transporter
   - AG Add gas transporter
   - CG Change gas transporter
   - RT Request for test allowable (Include volume requested)

   If for any other reason write that reason in this box.

4. The API number of this well

5. The name of the pool for this completion

6. The pool code for this pool

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

10. The surface location of this completion 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.

11. The bottom hole location of this completion

12. Lease code from the following table:
    - F Federal
    - S State
    - P Fee
    - J Jicarilla
    - N Navajo
    - U Ute Mountain Ute
    - I Other Indian Tribe

13. The producing method code from the following table:
    - F Flowing
    - P Pumping or other artificial lift

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR of the expiration of C-129 approval for this completion

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

21. Product code from the following table:
    - O Oil
    - G Gas

22. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)

23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here.

24. The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank",etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

35. MO/DA/YR that gas was first produced into a pipeline

36. MO/DA/YR that the following test was completed

37. Length in hours of the test

38. Flowing tubing pressure - oil wells
    Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
    Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

43. MCF of gas produced during the test

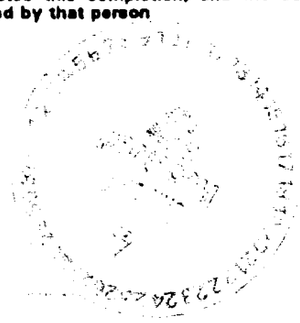
44. Gas well calculated absolute open flow in MCF/D

45. The method used to test the well:
    - F Flowing
    - P Pumping
    - S Swabbing

    If other method please write it in.

46. 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

47. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person



REFERENCE SHEET FOR UNDESIGNATED WELLS

DATE 2/9/2000

30-025-34685

OIL/GAS OIL

COUNTY LEA

OPERATOR CHESAPEAKE OP INC

ADDRESS PO BOX 18496, OKLAHOMA CITY, OK 73154-0496

LEASE NAME, WELL NO. B MEDLIN 10 #1

1/2 D FOOTAGE LOCATION 2133 FROM THE N LINE AND 633 FROM THE W LINE

SECTION 10 TOWNSHIP 16 RANGE 37

COMPLETION DATE 1/10/2000

NAME OF PRODUCING FORMATION WOLFCAMP

TOP & Bottom OF PERFORATIONS 10624 - 10628

DEPTH TO CASING SHOE

C-123 FILED

NAME OF POOL FOR WHICH EXTENSION WAS ASKED

ADVERTISED FOR HEARING CASE NO.

NAME OF POOL FOR WHICH EXTENSION WAS ADVERTISED

PLACED IN BY ORDER NO. R-

REMARKS 9-2005 WILDCAT G-07 S163710B; WOLFCAMP

CMD : ONGARD 02/09/00 15:13:31
OG6POOL MAINTAIN POOL OGOPK -TQDH

Pool Code : 97005 Pool Name : WILDCAT G-07 S163710E;WOLFCAMP
OCD Order No : R 0
Pool Type : O (O/G/A) Pool Creation Date : 10-01-1999
Pool Region : S (N/S) Last Updation Date : 10-01-1999

Special Pool Rules :
Oil Well Spacing : 40 (Acres) Gas Well Spacing : (Acres)
Orthodox Well Locn : 330 (Ft from end line) 330 (Ft from side line)
330 (Ft from nearest well) 330 (Ft from Q/Q line)
Top Unit Allowable : 320 (BOPD)
Casinghead Gas Limit : 640 (MCFD)
Gas-Oil Limit : 2000
Depth Bracket : 10999 (Feet)

Prorated Gas (Y/N) : Acre Basis : 100.00 (in %)
Deliv Basis : (in %)
Simultaneous Dedication Allowed (Y/N) : Y

M0015: Table update is successful.

PF01 HELP PF02 PF03 EXIT PF04 GoTo PF05 PF06 CONFIRM
PF07 PF08 PF09 COMMENT PF10 PF11 PF12

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.
30-025-34685

5. Indicate Type of Lease STATE [X] 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
B. Medlin 10

1. Type of Well: OIL WELL [ ] GAS WELL [X] OTHER

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. Lovington Penn

4. Well Location
Unit Letter O : 2133 Feet From The North Line and 633 Feet From The West Line

Section 10 Township 16S Range 37E NMPM Lea County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)
GR: 3804'

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: Tubing - perforations [X]	

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.

11/29/99 MIRU completion unit, set pipe racks & catwalk, unload tbg, RD wellhead, RU BOPs, PU 4-5/8" bit, scraper, string mill, 4 DCs & tubing.

11/30/99 Drill out DV tool, TOOH w/364 jts. 2-7/8" 6.50# L-80 EUE tubing. Finish TIH w/tbg. tag up on 260 jts 8,368', RU power swivel, start drlg out, drill out about 136' cmt, tag DV tool @8504', drill out DV tool, hit cmt, drill out 20' cmt, wash down next jt, hit cmt off & on for next 3 jts., TIH w/50 jts, circ hole, TIH w/90 jts., circ bottoms up, 379 jts to 12,015' pressure test to 1000#, OK, TOOH, LD to 11,700' circ hole w/2% KCL 2 gpt surfacant, LD 8 jts tbg, TOOH w/364 jts. 2-7/8" tbg., SDFN

12/01/99 MIRU WL, TIH w/CBL/GR/CCL, log 12,015' to 8,300', TOC @3950', log 8604-8404' on DV tool, TOOH, RU pump, put 1000# pressure on well, TIH, log again, TOOH, PU 4" HSC 23 gram charge, perf Strawn 11616'-636' @4 spf 90° phasing, TOOH, RD WL, PU 5-1/2" 17#-20# Model "R" Pkr, TIH w/190 jts. tbg. SDON

12/02/99 Set pkr, swab 5.5 hrs, IFL @surface, 91 BW, FFL 10,800'. Finish TIH w/ total 364 jts. w/20,000#, set pkr @11,550', ND BOPs, NU tree, RU swab 5.5 hrs, initial fluid level @surf. pulling from 3800', 91 BW, final fluid level @10,800' pulling from 11300' Cont'd

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 01/24/2000

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

(This space for State Use) ORIGINAL SIGNED BY DISTRICT II

APPROVED BY _____ TITLE _____ DATE FEB 14 2000

CONDITIONS OF APPROVAL, IF ANY

01/24/2000
C-103 Continued

12/03/99 Swab. MIRU Halliburton, pump 2600 gals. 15% Fe-Ne acid w/110 ball sealers, flush w/72 bbls. 2% KCL, 2 gpt non-toxic surfactant, max rate 3 BPM, max PSI 2000#, avg rate .5 BPM, avg PSI 1000#, ISIP vacuum, RD Halliburton, RU swab, initial fluid level @6600' pulling from 7800', swab 1.5 hrs, no show, final fluid level @8400' pulling from 9600', SITP 100#

12/04/99 Swab 8 hrs.

12/05/99 to 12/07/99 Swab

12/08/99 Swab, MIRU WL, TIH w/CIBP, set @11,550', perforate Wolfcamp 10,624-10,628' @ 4 spf, 90° phasing

12/09/99 Treat Wolfcamp w/500 gals 15% NE-FE acid, max PSI 4620#, max rate 31 BPM, avg PSI 20#, avg rate 2BPM, ISIP 20#.

12/13/99 MIRU WL, TIH w/ 1-11/16" tubing gun, perfforate 10,635'-10,639' @ 4 spf TOOH, RD WL, SDFN,SITP,110#.

12/14/99 to 12/15/99 Swab

12/16/99 RDMO, wait on pumping unit installation, TDFR

01/19/00 RU well service, ND wellhead, NU BOPs, unseat pkr, TOOH w/332 jts. 2-7/8" tbg & pkr, PU TIH w/mud jt, perforated sub, 5 jts. tbg, 5-1/1" TA, 331 jts 2-7/8" tbg, SN @10,659', ND BOPs, set anchor, NU wellhead, set TA w/12,000# tension

01/20/00 PU pump, TIH w/rods, seat pump, load hole, pressure test to 500#, OK, NU wellhead, hang well on, pump for 12 hrs on 64/64" choke