

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised March 25, 1999

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-025-35976
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: WTYSR Unit #443
8. Well No. 443
9. Pool name or Wildcat Teas Yates Seven Rivers West

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

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P.O. Box 18496, OklahomaCity, OK 73154-0496

4. Well Location

Unit Letter I : 1855 feet from the South line and 660 feet from the East line
Section 4 Township 20S Range 33E NMPM Lea County

10. Elevation (Show whether DR, RKB, RT, GR, etc.)
GR: 3557'

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐

TEMPORARILY ABANDON ☐ CHANGE PLANS ☐

PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☒ PLUG AND ABANDONMENT ☐

CASING TEST AND CEMENT JOB ☐

OTHER: 8-5/8" 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. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

03/03/03 Well spud w/Key Drilling rig #40 @7:00 p.m.

03/ 09/03 RU csg crew - run 33 jts 8-5/8" 32# J-55 LTC casing, RD csg crew. RU cmt crew, circ & cond, pump 20 BFW spacer, cmt w/425 sx HLCP + additives, 12.7 PPG, 1.39 yield, tail w/250 sx Prem. Plus + addivities, 14.8 PPG, 1.32 yield, displace w/83 BFW, bump plug, circ 19 bbls cmt to surface, bleed off, floats held, RD cmt crew, WOC 10 hours, cut conductor, NU BOPs, test BOPs 250#-2000#.

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 03/12/03

Type or print name Barbara J. Bale

(This space for State use)

Telephone No. (405) 848-8000

APPROVED BY

ORIGINAL SIGNED BY
GARY W. TWINE

DATE MAR 17 2003

Conditions of approval, if any:

FIELD REPRESENTATIVE II / STAFF MANAGER