## OCD-ARTESIA

Form 3160-5 (Aug st 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

**BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

Lease Serial No.

STATE
6. If Indian, Allottee or Tribe Name
 7. If Unit or CA/Agreement, Name and/or No. NMNM71016X
8. Well Name and No. PLU PIERCE CANYON 32 STATE 1H
9. API Well No.

## SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side. 1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other 2. Name of Operator Contact: LINDA GOOD CHESAPEAKE AGENT FOR BOPCO E-Mail: linda.good@chk.com 10. Field and Pool, or Exploratory WILDCAT BONE SPRING 3b. Phone No. (include area code) P.O. BOX 18496 Ph: 405-935-4275 **OKLAHOMA CITY, OK 73154-0496** 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, and State Sec 32 T24S R30E SESE 350FSL 350FEL EDDY COUNTY, NM 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF SUBMISSION □ Deepen ☐ Production (Start/Resume) ☐ Water Shut-Off ☐ Acidize □ Notice of Intent ☐ Alter Casing ☐ Fracture Treat □ Reclamation ■ Well Integrity ■ New Construction □ Recomplete □ Casing Repair Site Facility Diagra ☐ Final Abandonment Notice □ Change Plans □ Plug and Abandon ☐ Temporarily Abandon m/Security Plan □ Convert to Injection ☐ Plug Back ☐ Water Disposal 13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof.

If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

THIS IS A STATE WELL IN A FEDERAL UNIT. PLEASE FIND THE ATTACHED SITE FACILITY DIAGRAM AND THE STATE COMPLETION PACKET FOR THE PLU PIERCE CANYON 32 STATE 1H.

(CHK PN 624839)

Accepted for Record Purposes. Approval Subject to Onsite Inspections. Date: 3/8/10

	by the BLM Well Information System BOPCO, sent to the Carlsbad		
Namc (Printed/Typed) LINDA GOOD	Title SR. REGULATORY COMPLIANCE SF	PEC	
Signature (Electronic Statussion) 4000	Date 02/26/2010		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By	Title	Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office		

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

> \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* mailed

## CHESAPEAKE OPERATING, INC.

CHK Name & Number: PLU PIERCE CANYON 32 STATE 1H Regulatory Agency:

API Number:

30-015-36657

624839

County:

**EDDY** 

State:

NM

Field:

WILDCAT BONE SPRING

Qtr Qtr Calls:

SESE

Sec/Twnshp/Rng: Number of Acres:

32-24S-30E 160

Lease Sign Type:

NON-APD

Unit Agreement #

NMNM071016X

APD Lease #:

STATE

**BLM/OCD** 

Federal/Indian: Last Violation:

**FEDERAL** NONE

District:

**PERMIAN** 

Field Office:

**HOBBS** 

