Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

SUNDRY NOTICES AND Do not use this form for propo abandoned well. Use form 316	Lease Serial No. NMNM118723 6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other	7. If Unit or CA/Agreement, Name and/or No.		
Type of Well ☐ Gas Well ☐ Other	8. Well Name and No. KIEHNE RANCH 15 26 32 USA 1H		
Name of Operator CHESAPEAKE OPERATING INC E-Mail: e	9. API Well No. 30-025-40602-00-S1		
3a. Address OKLAHOMA CITY, OK 73154-0496	3b. Phone No. (include area code) Ph: 405-935-2896	10. Field and Pool, or Exploratory WILDCAT 497838	
4. Location of Well (Footage, Sec., T., R., M., or Survey I	11. County or Parish, and State		
Sec 15 T26S R32E SWSW 100FSL 400FWL		LEA COUNTY, NM	
12 CHECK ADDRODDIATE DOX	VECTO INDICATE NATURE OF NOTICE	DEDORT OR OTHER DATA	

SUBMIT IN TRIF	7. If Unit or CA/Agree	ment, Name and/or No.				
1. Type of Well		8. Well Name and No. KIEHNE RANCH 15 26 32 USA 1H				
☑ Oil Well ☐ Gas Well ☐ Oth						
2. Name of Operator CHESAPEAKE OPERATING I		9. API Well No. 30-025-40602-00-S1				
3a. Address	3b. 1	Phone No. (include area code 405-935-2896)	10. Field and Pool, or	Exploratory	
OKLAHOMA CITY, OK 73154		WILDCAT <97838>				
4. Location of Well (Footage, Sec., T.		11. County or Parish, and State				
Sec 15 T26S R32E SWSW 10		LEA COUNTY, NM				
				·		
12. CHECK APPR	ROPRIATE BOX(ES) TO IND	OICATE NATURE OF 1	NOTICE, RE	PORT, OR OTHEI	R DATA	
TYPE OF SUBMISSION		TYPE O	F ACTION			
☐ Notice of Intent	□ Acidize	Deepen	□ Production	on (Start/Resume)	☐ Water Shut-Off	
. 1	☐ Alter Casing	Fracture Treat	Reclamat	tion	☐ Well Integrity	
Subsequent Report	Casing Repair	☐ New Construction	Recompl	ete	Other Production Start-up	
☐ Final Abandonment Notice	Change Plans	Plug and Abandon	☐ Tempora	rily Abandon	Production Start-up	
	Convert to Injection	□ Plug Back	□ Water Di	sposal		
If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved	eration (clearly state all pertinent detains or recomplete horizontally, give surk will be performed or provide the Booperations. If the operation results in andonment Notices shall be filed only inal inspection.)	ubsurface locations and measured No. on file with BLM/BL a multiple completion or rec	ured and true ver A. Required sub completion in a ne	tical depths of all pertin sequent reports shall be ew interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once	
CONFIDENTIAL						
CHESAPEAKE IS REPORTIN	IG FIRST PRODUCTION 9/27/	2012.				
CHK PN 643383					•	
		•				
	•	•				
•	•					
		•	•	·		
	•					
	•					
14. Thereby certify that the foregoing is true and correct. Electronic Submission #155745 verified by the BLM Well Information System For CHESAPEAKE OPERATING INC, sent to the Hobbs Committed to AFMSS for processing by KURT SIMMONS on 10/24/2012 (13KMS1348SE)						
Name (Printed/Typed) ERIN CAF				RESENTATIVE		
Signature (Electronic S	Submission)	Date 10/22/2	2012			

14. Thereby certify that the	ne foregoing is true and correct. Electronic Submission #155745 verifie For CHESAPEAKE OPERAT Committed to AFMSS for processing by KU	ing inc	, sent to the Hobbs	•
Name (Printed/Typed)	ERIN CARSON	Title	AUTHORIZED REPRESENTATIVE	
Signature	(Electronic Submission)	Date	10/22/2012	
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE	
Approved By ACC	CEPTED		AMES A AMOS CUPERVISORY EPS	Date 10/27/2012
certify that the applicant ho	ny, are attached. Approval of this notice does not warrant or ds legal or equitable title to those rights in the subject lease licant to conduct operations thereon.	Office	Hobbs ,	

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.