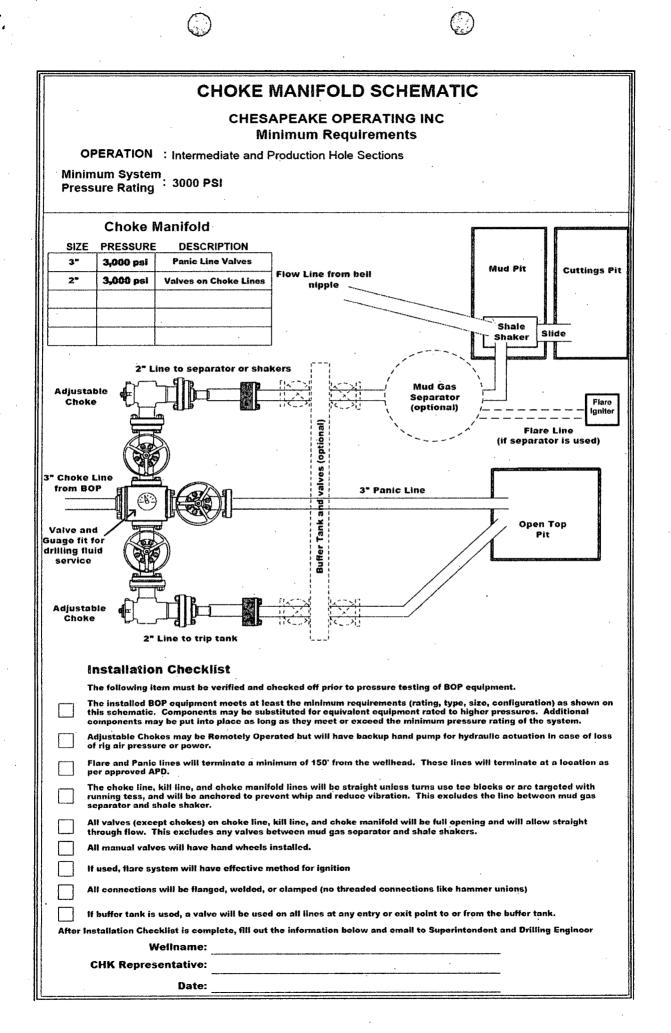
	UNITED STATE EPARTMENT OF THE I UREAU OF LAND MANA	NTERIOR	NI I	MOCE Iobbs	OMB N	APPROVED O. 1004-0135 July 31, 2010		
Do not use th	SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on reverse side.					6. If Indian; Allottee or Tribe Name		
SUBMIT IN TRI						7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well Oil Well Gas Well Otl	ner				8. Well Name and No. NEREID 1 FEDERAL 1H			
Her And Aume of Operator CHESAPEAKE OPERATING	Contact: INC E-Mail: carol.adler	<u> </u>		UOBRS OCI	9. API Well No. 30-005	-29145		
3a. Address PO BOX 18496 OKLAHOMA CITY, OK 73154		3b. Phone No. (include area code) Ph: 817-556-5825			10. Field and Pool, or Exploratory WILDCAT-WOLFCAMP 115 11. County or Parish, and State CHAVES COUNTY, NM			
	4. Location of Well (Footage, Sec., T., R., M., or Survey Description Sec 1 T15S R31E SESE 660FSL 100FEL			RECEIVER				
12. CHECK APPF	ROPRIATE BOX(ES) TO	D INDICATE N	ATURE OF	NOTICE, RE	PORT, OR OTHEI	R DATA		
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·		ТҮРЕ О	OF ACTION	·			
 Notice of Intent Subsequent Report Final Abandonment Notice 	 Acidize Alter Casing Casing Repair Change Plans Convert to Injection 	Fracture Treat Recland New Construction Recommode Plug and Abandon Tempo		□ Reclamat □ Recompl	ete rily Abandon	 Water Shut-Off Well Integrity Other Drilling Operations 		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi CONFIDENTIAL CHESAPEAKE RESPECTFUI THE SUBJECT WELL	operations. If the operation rea andonment Notices shall be file nal inspection.)	sults in a multiple of only after all red	completion or rec quirements, includ	completion in a ne ding reclamation,	w interval, a Form 3160 have been completed, a)-4 shall be filed once and the operator has		
PLEASE SEE ATTACHMENT	S							
CHK PN 632183								
14. I hereby certify that the foregoing is Con Name (Printed/Typed) CAROL AI	#Electronic Submission For CHESAPEA mmitted to AFMSS for proc	KE OPERATING	G INC, sent to ID GLASS on 0	the Roswell	RG0530SE)	· ·		
Signature (Electronic S	ubmission)	I	Date 02/12/2	2013				
	THIS SPACE FO	R FEDERAL	OR STATE	OFFICE US	E			
Approved By DAVIDR GLASS Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent to condu- which would entitle the applicant to condu- Title 18 U.S.C. Section 1001 and Title 43	itable title to those rights in the et operations thereon. U.S.C. Section 1212, make it a	not warrant or subject lease	Office Roswel	d willfully to mak		Date 02/25/2013 agency of the United		
States any false, fictitious or fraudulent s	SED ** BLM REVISED) ** BLM RE\		M REVISED	** BLM REVISEI	RED IN MSS &		

	OPE	RATION	CHES.	PREVENTOR SCHEMATIC APEAKE OPERATING INC Inimum Requirements Production Hole Sections
Mi		n System		
Pr	essur	e Rating	: 3000 PSI	
{	SIZE	PRESSUR	E DESCRIPTION	•
A		N/A	Bell Nipple]
8	13 5/8"	3,000 psi	Annutar	
С	13 5/8"	3,000 psi	Pipe Ram	Flowline to Shaker
D	13 5/8"	3,000 psi	Blind Rom	Fill Up Line A
Ε	13 5/8"	3,000 psi	Mud Cross	
F				
	DSA	As requir	ed for each hole size	
	Sec			
	-Sec	13-5/	B" 3K x 11" 3K	
	-Sec	13-3/8"	50W x 13-5/8" 3K	
		Kill	Line	(The second sec
		RESSURE	DESCRIPTION	c c
2	·• :	3,000 psi	Check Valve	
2	•	3,000 psi	Gate Valve	
				Kill Line 27 minimum Choke Line to Choke Manifold 3"
				Kill Line- 2" minimum
		Choke	e Line	
		RESSURE	DESCRIPTION	
3'			Gate Valve	Remotoly Controled
	3	,000 psi _v	alve Centroled Valve	
				I Bestand
·				
	Ins	stallatio	n Checklist	
	The	e following i	tem must be verified and	d checked off prior to pressure testing of BOP equipment.
				east the minimum requirements (rating, type, size, configuration) as shown on
٤				bstituted for equivalent equipment rated to highor pressures. Additional ng as they meet or exceed the minimum pressure rating of the system.
) All v	alves on the	e kill line and choke line	will be full opening and will allow straight though flow.
			choke line will be straig nored to prevent whip and	ght unless turns use toe blocks or are targeted with running tess, d reduce vibration.
			heels) or automatic locki manual valves on the cho	ting devices will be installed on all ram preventers. Hand wheels will also be oke line and kill line.
Ŀ			nstalled in the closing lin emain open unless accur	ne as close as possible to the annular preventer to act as a looking device. mulator is inoperative.
C		er kelly coc nections in (be available on rig floor along with safoty valve and subs to fit all drill string
<u>۵</u> 44-	r Instal	lation Charl	dist is complete fill and	the information below and omail to Superintendent and Drilling Engineer
~116				
				· · · ·
	CHI	K Represe	•ntative: 	
			Date:	



		\odot					
		B	OPE Testin	Ig			
		CUECAD		TING	,		
			EAKE OPERA num Requirer				
			•				
	The following it	Closing Unit a		OF Checklist ied off at least once pe	r well prior to low/high		
				d after 6 months on the			
		Tested precharge pres	sures must be recor	ded for each individual	may be further charged bottle and kept on location	n	
Che-	ck Accumulator working	Minimum acceptable	Desired precharge	Maximum acceptable	Minimum acceptable		
appli		operating pressure 1500 psi	pressure 750 psi	precharge pressure 800 psi	precharge pressure 700 psi		
	2000 psi	2000 psi	1000 psi	1100 psi	900 psi		
	3000 psi	3000 psi	1000 psi	1100 psi	900 psi		
	with test pressure recor Accumulator fluid reserv	preventer, and retain a re) on the closing mani ded and kept on locati roir will be double the r	minimum of 200 psi fold without the use on through the end o usable fluid volume d	above the maximum a of the closing pumps. f the well of the accumulator syst			
,	be recorded. Reservoir f location through the end	luid level will be recor of the well.	ded olong with manu	facturer's recommend	ation. All will be kept on		
	Closing unit system will preventers.	have two independent	power sources (not	counting accumulator i	botties) to close the		
		nanifold pressure decr	eases to the pre-set		s will automatically start ed to check that air line to	,	
		nnular preventer on th optable procharge proc	e smallest size drill j sure (see tablo abov	pipe within 2 minutes a (e) on the closing mani	y-operated choke line valve nd obtain a minimum of 20 fold. Tost pressuro and		
	-	OPE system will be lo	-		le of opening and closing		
	Romote controls for the floor (not in the dog hous				and located on the rig		
	Record accumulator test	s in drilling reports an	d IADC sheet		•		
		BOPE TO	est Checklist				
	Th	e following item must	be ckecked off prior	to beginning test			
	BLM will be given at leas	t 4 hour notice prior to	beginning BOPE tes	ting			
	Valve on casing head be	low test plug will be op	beu .				
	Test will be performed using clear water.						
-	The follow	ing item must be porfe	rmod during the BOI	PE testing and then cho	ocked off		
]	BOPE will be pressure to following related repairs party on a test chart and	sted when initially insi , and at a minimum of 3	tailed, whenever any 30 days intervals. To	scal subject to test pr est pressure and times	essure is broken,		
	Test plug will be used						
	Ram type preventer and all related well control equipment will be tested to 250 psi (low) and 3,000 psi (high).						
	Annular type proventer will be tested to 250 psi (low) and 1,500 psi (high).						
	Valves will be tested from held open to test the kill		e side with all down	stream valves open. T	he check valve will bø		
	Each pressure test will b	e held for 10 minutes v	with no allowable les	sk off.			
	Master controls and rem	ote controis to the clos	sing unit (accumulat	or) must be function te	sted as part of the BOP tes	sting	
	Record BOP tests and pr	essures in drilling repo	erts and IADC sheet				
	any/all BOP and accumul	ator test charts and ro			ant and Drilling Engineer g	leng	
	Wellnan				- many dang bilit		
	CHK Representation	ve:		·			
	Da	te:					