Form 3160-5 (September 2001)

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

Oil Cons. N.M. DIV-Dist, 2 1301 W. Grand Avenue Artesia, NM 88210

FORM APPROVED OMB No. 1004-0135 Expires January 31, 2004

**BUREAU OF LAND MANAGEMENT** 

Lease Serial No.

_ SUNDH	Y NOTICES AND REPOR	HIS ON MELLS	•	NMNM022584	
Do not use the	nis form for proposals to ell. Use Form 3160-3 (APD	drill or to re-enter ) for such propose 	· an ils. 	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE - Other Instructions on reverse side				7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well		30,00	.45		
Oil Well 🛛 Gas Well 🔲 Other		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		8. Well Name and No.	
2. Name of Operator		/ **	100 0 00	Chaves A Federal 6	
Chesapeake Operating, Inc.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		9. API Well No.	
3a. Address P. O. Box 18496		3b. Phone No. (include area code) (405) 848-8000 5		30 005 63571	
Oklahoma City, OK 73154-0496  4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		(40,5), 848-4600		10. Field and Pool, or Exploratory Area	
	· · · · · · · · · · · · · · · · · · ·	/ "	O O	Pecos Slope, Abo	
SW NE Sec 21-7S-26E		12324252000 J		11. County or Parish, State	
1980' FNL & 1980	' FEL		35.45.60	Chaves Co., NM!	
12. CHECK AF	PPROPRIATE BOX(ES) TO	INDICATE NATO	JRE OF NOTICE, R	EPORT, OR OTHER DATA	
TYPE OF SUBMISSION TYPE OF ACTION					
	Acidize	☐ Deepen	Production (Star	t/Resume)	
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	☐ Well Integrity	
Till Subsequent Beneat	Casing Repair	New Construction	Recomplete	Other	
Subsequent Report	Change Plans	Plug and Abandon	Temporarily Ab	pandon	
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water Disposal		
circ csg, ful displace w/2% cut off 4-1/2	ew, run 107 jts 4-1 1 returns, pump cm	t w/500 gal M g w/1470#, fl	udClean-1, cmt oats held, ND	, set @4490', RU cmt head, w/275 sx C1. C + additive BOP, set slips w/40,000#,  CETTED FOR RECORD  OCT 1 2003  ARMANDO A LOFEZ ETROLEUM ENCINSER	,,
14. I hereby certify that the forego Name (Printed/Typed)	ing is true and correct	<del></del>			
Barbara J. Bale		Title	Regulatory An	alyst	
Signature Barbara	I Bale	Date	09/25/03		
	THIS SPACE	OR FEDERAL OR	STATE OFFICE USE		
Approved by			Title	Date	
Conditions of approval, if any, are	e attached. Approval of this notice	e does not warrant or		1 source	
certify that the applicant holds le which would entitle the applicant to	gal or equitable title to those righ	ts in the subject lease	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.