SUNDRY NOTICES AND REPORTS ON WELLS

UNITED STATES OCD-ARTESIA DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

 $fictitious \ or \ fraudulent \ statements \ or \ representations \ as \ to \ any \ matter \ within \ its \ jurisdiction.$

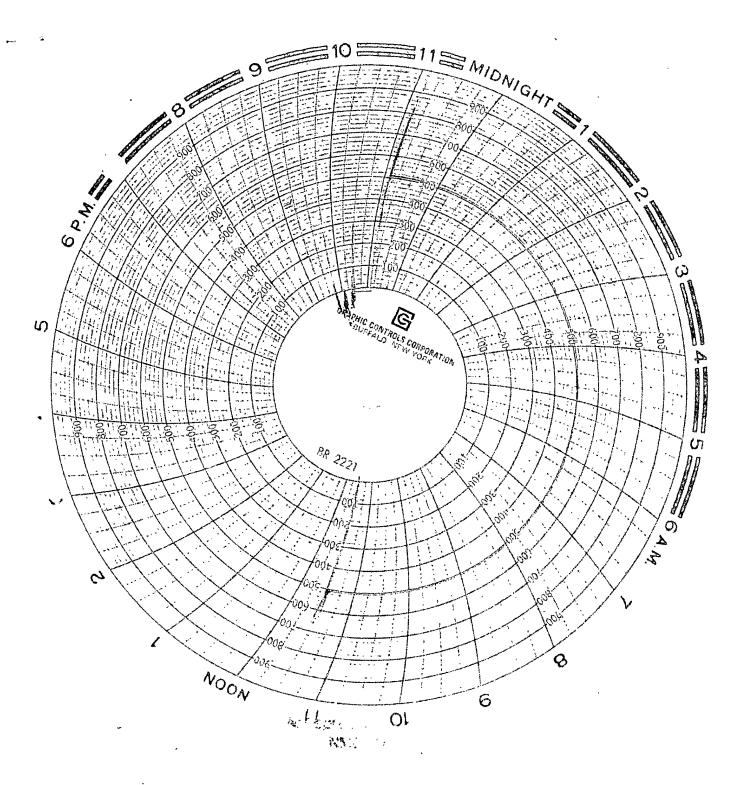
(Instructions on page 2)

FORM APPROVED OMB No 1004-0137 Expires: March 31, 2007

5. Lease Serial No NMNM-093203

6 If Indian, Allottee or Tribe Name

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 page 2.						7. If Unit of CA/Agreement, Name and/or No			
1. Type of W					2007				
Oil Well Gas Well Oth			SEP 0 7 2007 OCD-ARTESIA			8. Well Name and No. Globe 14 Federal 1			
2 Name of C CHESAPE	Operator EAKE OPERATING, IN	C. ATTN	: LINDA GOOD		LOIM	9. API Well No. 30-015-34755			
3a. Address			3b. Phone No. (incl	ude area code)		10. Field and Pool or Exploratory Area			
P O BOX 18 OKLAHOMA	CITY, OK 73154-0496		405-767-4275			Henshaw			
4 Location (SL 2280 FNL & BL. 2130 FNL 1	of Well <i>(Footage, Sec., T</i> 1980 FEL, SWNE, SECTION 830 FEL, SWNE, SECTION 1	⁻ , R., M., or Survey Description, N 14, T16S, R30E 4, T16S, R30E)		I	11 Country or Parish, State Eddy County, New Mexico			
	12 CHE	CK THE APPROPRIATE BO	X(ES) TO INDICAT	TE NATURE O	F NOTIC	E, REPORT OR OTH	IER DATA		
TYPE	OF SUBMISSION			TYPE OF ACTION					
Notice	e of Intent	Acidize	Deepen	Deepen		Production (Start/Resume)		Water Shut-Off	
		Alter Casing	Fracture Tr	Fracture Treat Reclamation		mation	Well Well	Integrity	
Subsequent Report		Casing Repair	New Const	w Construction		Recomplete		Other	
		Change Plans	Plug and A	Plug and Abandon		Temporarily Abandon			
Final A	Abandonment Notice	Convert to Injection	Plug Back		✓ Water Disposal				
	load and test BS to 1000#, SIW, SDFN. SITP 0#, MIRU acid service, acidize San Andres 3,660' - 3,708' w/ 5,000 gals 15% HCL, drop 1000# of rock salt, EIR 4.9 BPM @ 1047#, avg rate 6 BPM, avg PSI 5120#, 54# pressure increase on 1st 500# of salt, ISIP 1160#, 5 min 1075#, 10 min 1043#, 15 min 1035#, 217 BLWTR, SIW 2 hrs, SITP 500#, blow down, bleed back 83 BW, release pkr, POOH, LD 2 7/8" rental tbg, 134 BLWTR, SDFN. SICP 0#, receive, rack and tally 116 jts 2 7/8" Polycore L-80 tbg, PU nickel coated pkr, PU RIH w/ tbg to 3,585', SDFN.								
	19685) certify that the foregoing is rinted Typed)	s true and correct	Anceph	nd for rec NOCD	Ģ rd				
LINDA GOOD				Title FEDERAL REGULATORY ANALYST					
Signature	· Kinda	Soed	Date	e 08/20/2007	7				
		THIS SPACE	FOR FEDERA	L OR STA	TE OFF	ACCEPT		RECOR	D/
Approved by						LICCEPT	EDTUR		$\overline{}$
				Title		ALULI	Date	/	/
Conditions of approval, if any, are attached Approval of this notice does not warrant or that the applicant holds legal or equitable title to those rights in the subject lease which ventitle the applicant to conduct operations thereon						<i></i>	SEP 6	5001	
Title 10 II C	Section 1001 and Title 4	willfully to	make to bny denertme	ent or agency o	Fithe House Hotels	tec any falce			



The state of the s

.

,