Form 3160-5 (August 1999) N.M. Oil Cons. DIV-Dist. 2

UNITED STATES
DEPARTMENT OF THE INTERIOR 1301 W. Grand A

FORM APPROVED

| .n | ue <sub>E</sub> | OME<br>pires: | NO.<br>Nove | 1004<br>mber | -01.<br>30, | 35 |
|----|-----------------|---------------|-------------|--------------|-------------|----|
|    |                 | _             |             |              |             | _  |

| B                                                                                                                                                                                                                                                                             | UREAU OF LAND MANA                                                  | GEMENT                               |                                     | NISA OO                                          | Expires: Nov                         | ember 30, 2000                       |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|-------------------------------------|--------------------------------------------------|--------------------------------------|--------------------------------------|--|
| SUNDRY                                                                                                                                                                                                                                                                        | NOTICES AND REPO                                                    | RTS ON WE                            | Argesia,                            | MM 88                                            | 25. Hease Serial No.<br>NMNM12687    |                                      |  |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                       |                                                                     |                                      |                                     |                                                  | 6. If Indian, Allottee or Tribe Name |                                      |  |
| SUBMIT IN TRI                                                                                                                                                                                                                                                                 | 7. If Unit or CA/Agreement, Name and/or No.                         |                                      |                                     |                                                  |                                      |                                      |  |
| 1. Type of Well                                                                                                                                                                                                                                                               |                                                                     |                                      |                                     |                                                  | 8. Well Name and No.                 |                                      |  |
| Oil Well 🔀 Gas Well 🗖 Otl                                                                                                                                                                                                                                                     | her                                                                 |                                      |                                     |                                                  | JJ FEDERAL 1                         |                                      |  |
| Name of Operator     CHESAPEAKE OPERATING                                                                                                                                                                                                                                     | LINDA GOOD<br>E-Mail: lgood@chkenergy.com                           |                                      |                                     | 9. API Well No.<br>30-005-60559-00-S1            |                                      |                                      |  |
| 3a. Address<br>P O BOX 18496<br>OKLAHOMA CITY, OK 7315                                                                                                                                                                                                                        | 3b. Phone No. (include area code) Ph: 405.767.4275 Fx: 405.879.9583 |                                      |                                     | 10. Field and Pool, or Exploratory S PECOS SLOPE |                                      |                                      |  |
| 4. Location of Well (Footage, Sec., 7                                                                                                                                                                                                                                         | <del>1</del> )                                                      |                                      |                                     | 11. County or Parish, and State                  |                                      |                                      |  |
| Sec 1 T10S R25E NESE                                                                                                                                                                                                                                                          |                                                                     |                                      |                                     | CHAVES COUNTY, NM                                |                                      |                                      |  |
| 12. CHECK APP                                                                                                                                                                                                                                                                 | ROPRIATE BOX(ES) TO                                                 | O INDICATE                           | NATURE OF                           | NOTICE, R                                        | EPORT, OR OTHER                      | DATA                                 |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                            | TYPE OF ACTION                                                      |                                      |                                     |                                                  |                                      |                                      |  |
| NI-4'CI-44                                                                                                                                                                                                                                                                    | ☐ Acidize                                                           | ☐ Acidize ☐ Deepen                   |                                     | Production (Start/Resume)                        |                                      | ☐ Water Shut-Off                     |  |
| □ Notice of Intent                                                                                                                                                                                                                                                            | Alter Casing                                                        | Fracture Treat                       |                                     | ☐ Reclam                                         | ation                                | ☐ Well Integrity                     |  |
| Subsequent Report                                                                                                                                                                                                                                                             | ☐ Casing Repair                                                     | □ New                                | Construction                        | Recomp                                           | olete                                | Other Site Facility Diagra           |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                    | ☐ Change Plans                                                      |                                      |                                     | ☐ Temporarily Abandon                            |                                      | Site Facility Diagra m/Security Plan |  |
| _                                                                                                                                                                                                                                                                             | Convert to Injection                                                |                                      |                                     | Disposal                                         | <b>,</b>                             |                                      |  |
| following completion of the involved operations. If the operation results testing has been completed. Final Abandonment Notices shall be filed or determined that the site is ready for final inspection.)  Attached is the site facility for J J Federal 1.  (CHK PN 890021) |                                                                     |                                      | RECEIVED  NOV 1 7 2004  PED-ARTESIA |                                                  |                                      |                                      |  |
| 14. I hereby certify that the foregoing is  Cor  Name (Printed/Typed) LINDA GO                                                                                                                                                                                                | Electronic Submission a<br>For CHESAPE<br>nmitted to AFMSS for prod | AKE OPERATIN                         | IG INC, sent to<br>IANDO LOPEZ (    | the Roswell<br>on 10/29/2004                     | •                                    |                                      |  |
| Signature (Electronic                                                                                                                                                                                                                                                         | Submission)                                                         |                                      | Date 10/29/2                        | 2004                                             |                                      |                                      |  |
|                                                                                                                                                                                                                                                                               | THIS SPACE FO                                                       | OR FEDERA                            | L OR STATE                          | OFFICE U                                         | SE                                   |                                      |  |
| Approved By ACCEPT                                                                                                                                                                                                                                                            | ED                                                                  |                                      | ARMAND<br><sub>Title</sub> PETROLI  | O A LOPEZ<br>EUM ENGIN                           | EER                                  | Date 11/15/2004                      |  |
| Conditions of approval, if any, are attached certify that the applicant holds legal or eq which would entitle the applicant to conditions.                                                                                                                                    | uitable title to those rights in th                                 | s not warrant or<br>ne subject lease | Office Roswel                       | <del></del>                                      |                                      |                                      |  |

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.

Office Roswell

## CHESAPEAKE OPERATING, INC.

CHK Name & Number: J J FEDERAL 1

30-005-60559

API number:

County: State: Field:

**CHAVES** 

NM PECOS SLOPE SOUTH C NE SE - 1980 FSL 660 FEL

Otr Otr Calls: Sec/Twnshp/Rng:

1-10S-25E

Number of Acres:

160

890021

Regulatory Agency: Lease Sign Type:

CA#:

APD Lease #: Federal/Indian: Last Violation:

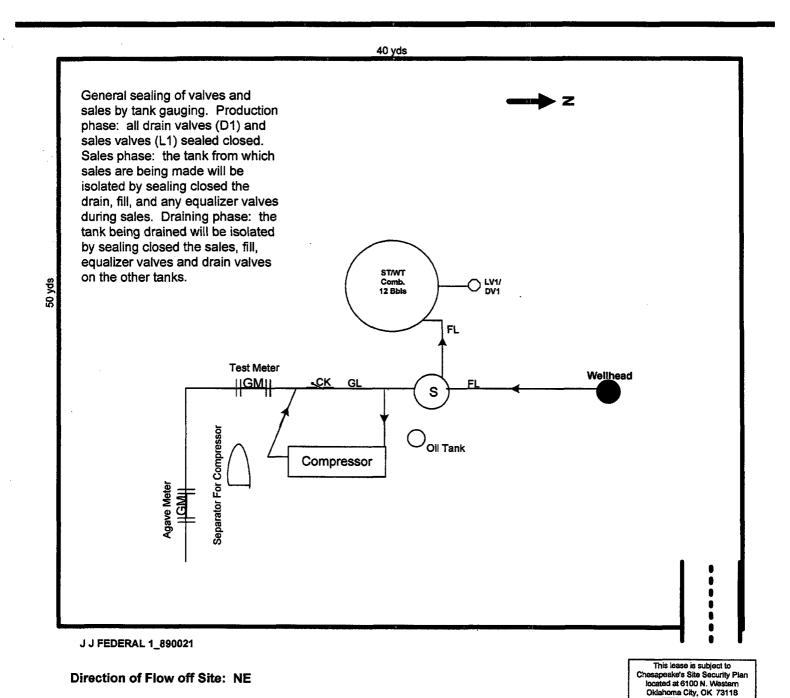
District: Field Office: BLM

**FEDERAL** 

100% BLM LEASE

**NMNM 12687 FEDERAL UNKNOWN** 

PERMIAN **HOBBS** 



Prepared by: DEBBIE HERNANDEZ

Date: 9-1-04

Approved by: Date: