Form 3160-5 (August 1999)

(Instructions on reverse)

N.M. Oil Cons. DIV-Dist. # UNITED STATESOT W. Grand Avenue

DEPARTMENT OF THE INTERIOR, NW 88210

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

5. Lease Serial No.

6. If Indian, Allottee or Tribe Name

NMNM70895

| abandoned w | ell. Use Form 3160-3 (APD |)) for such proposa | nis. | } | |
|--|--|-----------------------------------|----------------------------------|--|---------------------------------------|
| SUBMIT IN TRIPLICATE - Other Instructions on reverse side | | | | 7. If Unit or CA | /Agreement, Name and/or No. |
| 1. Type of Well | <u>. Agus de la colo a la l</u> | | | | |
| ☐ Oil Well ☑ Gas Well ☐ Other | | | | 8. Well Name and No. Full House 10 Federal 1 | |
| Name of Operator Chesapeake Operating, Inc. | C . | | | 9. API Well No | · · · · · · · · · · · · · · · · · · · |
| 3a. Address | | 3b. Phone No. (include area code) | | 30-015-33727 | |
| P. O. Box 11050 Midland TX 79702-8050 4. Location of Well (Footage, Sec., T., R., M., or Survey Description 1330' FNL & 800' FWL, Sec. 10, T24S, R31E | | JAN 1 0 2005 | | 10. Field and Pool, or Exploratory Area Sand Dunes 11. County or Parish, State | |
| | | | | | |
| | | 12. CHECK AP | PROPRIATE BOX(ES) TO | | <u> </u> |
| TYPE OF SUBMISSION | | Т | YPE OF ACTION | | |
| [V] N | ☐ Acidize | ☐ Deepen | Production (Star | t/ Resume) | Water Shut-Off |
| Notice of Intent | ☐ Alter Casing | ☐ Fracture Treat | ☐ Reclamation | | Well Integrity |
| ☐ Subsequent Report | Casing Repair | New Construction | Recomplete | | Other Casing |
| ☐ Final Abandonment Notice | Change Plans | ☐ Plug and Abandon ☐ Plug Back | ☐ Temporarily Ab☐ Water Disposal | andon | |
| | Convert to Injection | I Plug Back | water Disposal | | |
| determined that the site is read Chesapeake respectfully production hole is drilled a ground surface. | requests the following pro | | APPR (ORIG SGD.) ALE ALEXIS C. | | |
| 14. I hereby certify that the forego Name (Printed/Typed) Brenda Coffman Signature | olfman | Date | ulatory Analyst | | |
| | THIS SPACE | FOR FEDERAL OR | STATE OFFICE US | | |
| Approved by | | | Title | Dat | e |
| Conditions of approval, if any, ar certify that the applicant holds leg which would entitle the applicant | al or equitable title to those right | ce does not warrant or | Office | | |
| Title 18 U.S.C. Section 1001, mal fraudulent statements or represent | ces it a crime for any person know ations as to any matter within its | wingly and willfully to a | make to any department of | or agency of the U | nited States any false, fictitious o |