

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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

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

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Chesapeake Operating, Inc.

3a. Address P. O. Box 18496

Oklahoma City, OK 73154-0496

3b. Phone No. (include area code)

(405) 848-8000

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FNL & 1780' FEL
NW NE Sec 12-10S-25E

5. Lease Serial No.

NMNM8431

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

27902

8. Well Name and No.

Penjack Federal 11

9. API Well No.

30-005-63592

10. Field and Pool, or Exploratory Area

Undes Floor Ranch; Pre-Permian

11. County or Parish, State

Chaves Co., NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other 4-1/2" csg
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Rig Release
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

08/30/03 Run 112 jts 4-1/2" 11.6# J-55 STC csg, RD csg crew, RU cmt crew, circ, cmt
2/pump pump 500 gal spacer, cmt w/250 sx Cl. C + additives, 14.8 PPG, 1.34 yield,
plug down, floats held, ND BOP, set slips w/38,000#, cut off csg, jet pits,
Release United Drilling Rig #23 @1:00 p.m.

ACCEPTED FOR RECORD

SEP 18 2003

AC

APPROVED
ENGINEER

14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Barbara J. Bale

Title Regulatory Analyst

Signature

Barbara J. Bale

Date 09/11/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

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.

(Instructions on reverse)