



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WOOD-ARTESIA

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

JUL 30 2007

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.

5. Lease Serial No
C 029389-A

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

Oil Well Gas Well Other

7. If Unit of CA/Agreement, Name and/or No
NMNM 106828

8. Well Name and No
BAISH FEDERAL 2

2. Name of Operator
CHESAPEAKE OPERATING, INC.

ATTN: LINDA GOOD

9. API Well No
30-015-25728

3a. Address
P O BOX 18496
OKLAHOMA CITY, OK 73154-0496

3b. Phone No (include area code)
405-767-4275

10. Field and Pool or Exploratory Area
SHUGART

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

660' FNL & 1980' FEL, NWNE, SEC 9, T18S, R31E

11. Country or Parish, State
EDDY CO., CO.

12. CHECK THE 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input checked="" 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 checked="" type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Perf & Frac 1st Bone Springs</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

7/06/2007 Set 5 1/2" CBP @ 7700. Perf 1st Bone Spring @ 7584' - 7614' w/1 SPF, 31 holes.

7/07/2007 Acidize 1st Bone Spring w/1300 gal 7 1/2% HCL + additives + 38 ball sealers.

7/08/2007 Swabbing.

7/10/2007 MIRU BJ Frac crew & stinger frac 1st Bone Springs from 7584' - 7614' w/25,000 gal Medallion 3000 & 49,500 gal 30# Linear gel, 12,5020# 20/40 White sand - 25,230# Super LC, flush w/174 bbl 2% KCL.

(CHK PN 891318)

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)
LINDA GOOD

Title FEDERAL REGULATORY ANALYST

Signature

Linda Good

Date 07/11/2007

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Office

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

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 page 2)

