

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

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

AUG 02 2007

OCD-ARTESIA
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
NMNM 555569

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE – Other instructions on page 2.

1 Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2 Name of Operator
CHESAPEAKE OPERATING, INC.

ATTN: LINDA GOOD

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

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

7. If Unit of CA/Agreement, Name and/or No.
NMNM 70946A

8 Well Name and No
EMPIRE SOUTH DEEP UNIT 5

9 API Well No
30-015-21279

10 Field and Pool or Exploratory Area
EMPIRE SOUTH

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

1980' FNL & 2180' FEL, SWNE, SECTION 31, T17S, R29E

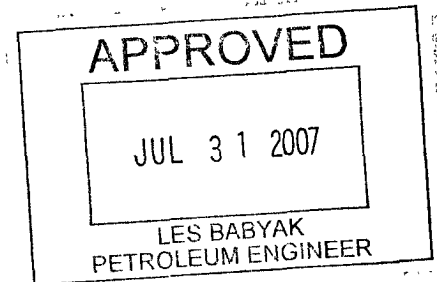
11 Country or Parish, State
EDDY CO., NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 checked="" type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Workover Morrow</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)

Chesapeake, respectfully, request permission to workover this well per the attached Recompletion Procedure.



(CHK PN 890429)

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

Title FEDERAL REGULATORY ANALYST

Signature

Linda Good

Date 07/25/2007

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 page 2)

Empire SDU #5
Eddy County, New Mexico

GENERAL INFORMATION

Location: 1980' FNL & 2180' FWL, Sec 31 – T17S – R29E

API No.: 30-015-21279

WELL INFORMATION

<u>String</u> <u>OD</u>	<u>Weight & Grade</u>	<u>Depth</u>	<u>ID</u>	<u>Drift</u>	<u>Burst</u>	<u>TOC</u>
13-3/8	48# H-40	0' – 395'	12.715"	12.559"	1730	0'
8-5/8	24/32# K-55	0' – 2925'	7.921"	7.796"	2950	0'
5-1/2	15.5/17/20# N-80, K-55, J-55	0' – 10960'	4.778"	4.653"	4810	0'

Perfs: Morrow 10510 – 10708' (OA)

TD/PBTD: 10968' / 10760'

WORKOVER PROCEDURE

1. MIRU Slick Line Service Unit and requisite equipment. Lubricate in with plug and set in Profile Nipple at 10293'. Blow down tubing to ensure plug is holding.
2. RIH with tubing punch to plug. Tag plug. Punch two (2) 1/2" holes 30' above plug in tubing.
3. MIRU workover unit. Swab tubing and annulus to 9000' from surface.
4. Release Guiberson packer and pull out of hole with tubing and packer.
5. RIH with open ended tubing and seating nipple, pressure testing tubing. Land tubing at $\pm 10700'$.
6. Swab well in as required. RDMO workover unit.
7. Install plunger lift equipment.