1. Type of Well

Oil Well Gas Well Other

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS = 5

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.



FORM APPROVED OMB NO 1004-0135 Expires: July 31, 2010

Lease Serial No NMNM13074

Well Name and No MOSAIC 34 FEDERAL 3H

6.	If Indian, Allottee or Tribe Name	

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

2. Name of Operator CHESAPEAKE OPERATING,	9. API Well No. 30-015-36001-00-X1			00-X1		
3a Address OKLAHOMA CITY, OK 73154	3b Phone No (include area code) Ph: 405-767-4275		Field and Pool, or Exploratory     WILLOW LAKE			
4. Location of Well (Footage, Sec., 7	n)	00= -		11 County or Parish,	and State	
Sec 34 T24S R28E NESW 21	OCT 15 2008		EDDY COUNTY, NM			
			OCD-ART	iesia		
12. CHECK APPE	ROPRIATE BOX(ES) TO	O INDICATE 1	NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
☐ Notice of Intent	Acidize	☐ Deepen ☐ Produ		Produc	tion (Start/Resume) Water Shut-Off	
_	☐ Alter Casing	☐ Fracti	ure Treat	Reclamation		☐ Well Integrity
Subsequent Report     ■	Casing Repair	□ New	Construction	☐ Recom	plete	Other Drilling Operations
☐ Final Abandonment Notice	Change Plans	□ Plug	and Abandon	☐ Temporarily Abandon		Drilling Operations
	Convert to Injection	□ Plug	Back	□ Water I	Disposal	
Attach the Bond under which the wo following completion of the involved testing has been completed Final At determined that the site is ready for f SPUD & SET SURFACE CAS	I operations If the operation re- bandonment Notices shall be fil final inspection.)	sults in a multiple	completion or re	completion in a	new interval, a Form 316	0-4 shall be filed once
10/4/2008 SPUDDED @ 10:	30 AM, DARRELL CART	ER WITH THE	BLM NOTIFII	ED.		
10/5/2008 RAN 17 JTS 13 3/ 1.35 YIELD, CIRCULATE CM 13 5/8" 3000 PSI CASING HE VALVE, CHOKE MANIFOLD & HYDRAULIC VALVES.	T TO SURFACE. WOC. EAD & TEST TO 600#. N	CUT OFF CON U BOP, 2" KILI	NDUCTOR & 1 L LINE VALVE	13 3/8" CSG, ES, 4" MANU	WELD ON 13 3/8" AL VALVE, HCR	SOW X
10/6/2008 WOC 24+ HOURS	3. 7 HRS TO 500 PSI. TE	ST CASING TO	O 1200# FOR	30 MINUTES	S - OK.	
				,	ACCEPTE	D FOR RECORD
	# Electronic Submission For CHESAPEAI nmitted to AFMSS for proc	KE OPERATING essing by KUR	S, INC., sent to T SIMMONS on	the Carlsbac 1 10/07/2008 (6	UUI 09KMS0072SE)	1 5 2008
Name (Printed/Typed) LINDA GOOD			Title REGULATORY COMPLIANCE SPEEC, Deputy Field Inspector NMOCD-District II ARTESIA			
Signature (Electronic S	Submission)		Date 10/07/	2008	.vwocp-рј	strict II ARTESIA
	THIS SPACE FO	OR FEDERAL	OR STATE	OFFICE U	SE	
Approved By ACCEPT	ED		JAMES A TitleSUPERV			Date 10/13/2(
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the conduction of th	Office Carlsba	ad		2008		
Title 18 U S C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C Section 1212, make it a statements or representations as	a crime for any per s to any matter wit	rson knowingly a thin its jurisdictio	nd willfully to n	nake to any department of	r agency of the United
** DI M DEV	70ED ++ DI M DEV/0EI	D ** DI M DE	//OFD ** DI	M DEV//0E/		D 44

## Additional data for EC transaction #63648 that would not fit on the form

32. Additional remarks, continued

(CHK PN 616369)