

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

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

AUG 15 2008

HOBBS OGD

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM97164
2. Name of Operator CHESAPEAKE OPERATING, INC. Contact: LINDA GOOD E-Mail: linda.good@chk.com		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 18496 OKLAHOMA CITY, OK 73154-0496	3b. Phone No. (include area code) Ph: 405.767.4275	7. Unit or CA/Agreement, Name and/or No
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 24 T20S R38E SESE 467FSL 660FEL Unit P		8. Well Name and No. FEDERAL 4-24
		9. API Well No. 30-025-34104
		10. Field and Pool, or Exploratory WILDCAT SAN ANDRES
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<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 recompletable 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 recompletion 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.)

CHESAPEAKE, RESPECTFULLY, REQUESTS PERMISSION TO WORKOVER THIS WELL PER THE FOLLOWING PROCEDURE.
(ALSO ATTACHED)

PROCEDURE

(THE CBP @ 5945' WAS NOT REMOVED AS STATED ON THE RECOMPLETION PROCEDURE AND SUNDRY NOTICE DATED 4/28/2008. WE DO NOT PLAN TO REMOVE AT THIS TIME.)

HOLD TAILGATE SAFETY MEETING PRIOR TO BEGINNING WORK EACH MORNING AND AS REQUIRED FOR SPECIFIC OPERATIONS.

1. PREP LOCATION. CHECK ANCHORS AND CLEAN AREA FOR WORKOVER.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #61477 verified by the BLM Well Information System For CHESAPEAKE OPERATING, INC., sent to the Hobbs	
Name (Printed/Typed) LINDA GOOD	Title REGULATORY COMPLIANCE SPEC.
Signature (Electronic Submission)	Date 07/16/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By /s/ JD Whitlock Jr	Title L PET	Date 8/12/2008
Cor cert whi NOTIFY THIS OFFICE WITHIN 5 DAYS OF WELL BEING PLACED BACK ON PRODUCTION AS PER 43CFR3162.4-1(c)	Office CFO	

ED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Additional data for EC transaction #61477 that would not fit on the form

32. Additional remarks, continued

2. RACK AND TALLY 152 JOINTS OF 2 7/8" N-80 WORKSTRING.
3. MIRU WORKOVER RIG. POH W/PUMP, RODS, AND TUBING. ND WH. NU BOP.
4. TAG CBP @ 4,498' TO VERIFY LOCATION.
5. PU BIT AND WORKSTRING AND TIH AND DRILL OUT CBP @ 4,498'. CIRCULATE HOLE CLEAN. TOH.
6. TIH WITH PRODUCTION TUBING AND SN. SET SEAT NIPPLE AT 4,794' (BELOW PERFS).
7. ND BOP. NU WH. TIH WITH PUMP AND RODS. FILL TUBING AND SPACE OUT PUMP ACCORDINGLY. VERIFY PUMP ACTION. PLACE WELL ON TEST. NOTE: ROD DESIGN TO FOLLOW THIS PROCEDURE.
8. RDMO WORKOVER RIG. CLEAN LOCATION.

(CHK PN 890129)