RECEIVED

Form 3160-5 (August 1999)

MAY 2 5 2004

Oil Cons. N.M. DIV-Dist. 2

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

RECEIVED OF THE PARTMENT OF THE INTERIOR 1301 W. Grand Avenue

MECEIVED SUNDR	Y NOTICES AND REPO	ODTO ON M	ELLS Hobb	s Artesia	5. Lease Ser 2NMNM 11	ial No. 814	
NAV 25 200 Do not use this form for proposals to drill or to re-enter an additional such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☐ Oil Well ☐ Other					8. Well Name and No.		
2. Name of Operator Chesapeake Operating Inc.					Henshaw Federal "A" #1		
3a. Address		No. (include area code)		30-005-32891 30-015-32891			
P. O. Box 11050, Midland, TX 79702-8050 (43) 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			132)685-4373			10. Field and Pool, or Exploratory Area Wildcat IF Actuation of Parish, State Chaves County New Mexico	
1980' FSL & 1830' FEL of Section 14, T16S, R30E							
12. CHECK AF	PROPRIATE BOX(ES)	TO INDICAT	E NATURE (OF NOTICE, RI	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	SION TYPE OF ACTION						
☐ Notice of Intent	☐ Acidize	☐ Deepen		Production (Start	/ Resume)	☐ Water Shut-Off	
-	☐ Alter Casing	☐ Fracture	=	Reclamation	<u> </u>	☐ Well Integrity ☑ Other Change of	
_	☐ Casing Repair☐ Change Plans		nstruction \square Abandon \square	Recomplete Temporarily Aba		Operator Doilling	
☐ Final Abandonment Notice	Convert to Injection	☐ Plug Bac		Water Disposal	Operations J		
testing has been completed. Findetermined that the site is read 3-27-04 Logging: Ran Sp 3-29-04 Ran 305 jts. 5 1/2 50/50 5% LAP-1 + .2% CF psi. RE Rel. Rig.	y for final inspection.) ectral Gamma, Dual Sp 2" 20# P-110 csg. set @	aced Neutro 12,680'. C	n, Spectral D mt'd w/700 s	Density, Dual L x Interfill C w/	aterlog & M 1/4# Flocele	e. M&P 425 sx Premium	
			Attached Stat Please Sign, & Five (5) XE		nge Of Opera n The Origina This Office F	ntor! al Signed Copy for Approval. If You Have	
14. I hereby certify that the forego	ing is true and correct		Lorent				
Name (Printed/Typed) Brenda Coffman				Regulatory Analyst			
Signature Offman				Date 04/13/2004			
AUGENTEE			AL OR STATI	E OFFICE USE			
	GD.) DAVID H. GLAS	S	Title		Da	ate	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant	I or equitable title to those righ	tice does not wa	rrant or lease Office				