

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.****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 NMLC061616A	
2. Name of Operator CHESAPEAKE OPERATING INC		6. If Indian, Allottee or Tribe Name	
3a. Address OKLAHOMA CITY, OK 73154-0496		7. If Unit or CA/Agreement, Name and/or No. 891000303X	
3b. Phone No (include area code) Ph: 405-935-2896		8. Well Name and No PLU BIG SINKS 3 25 30 USA 1H	
4. Location of Well (Footage, Sec, T, R, M, or Survey Description) Sec 3 T25S R30E SWSE 200FSL 2130FEL		9. API Well No 30-015-40581-00-X1	
10. Field and Pool, or Exploratory WILDCAT		11. County or Parish, and State EDDY 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	Drilling Operations
	<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 recompleat 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 recompleat 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.)

CONFIDENTIAL

CHESAPEAKE REQUESTS PERMISSION TO USE A FLEX HOSE FROM THE BOP STACK TO THE CHOKE MANIFOLD. ATTACHED IS THE MANUFACTURER RATING INFORMATION TEST CHARTS FROM THE BOPE TESTS WILL ALSO BE AVAILABLE ON LOCATION

CHK PN 643902

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

Accepted for record

NMOCD

TC 8/23/2012

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #145357 verified by the BLM Well Information System

For CHESAPEAKE OPERATING INC, sent to the Carlsbad

Committed to AFMSS for processing by BEVERLY WEATHERFORD on 08/09/2012 (12BMW0558SE)

Name (Printed/Typed) ERIN CARSON

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/09/2012

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By CHRISTOPHER WALLS

Title PETROLEUM ENGINEER

Date 08/20/2012

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 Carlsbad

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.

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

**M I D W E S T**  
**HOSE AND SPECIALTY INC.**

<b>INTERNAL HYDROSTATIC TEST REPORT</b>			
Customer: LATSHAW DRILLING		P.O. Number: RIG#14	
<b>HOSE SPECIFICATIONS</b>			
Type: CHOKER & KILL		Length: 37'	
I.D. 3 1/2" INCHES		O.D. 7" INCHES	
WORKING PRESSURE 5,000 PSI	TEST PRESSURE 10,000 PSI	BURST PRESSURE PSI	
<b>COUPLINGS</b>			
Type of End Fitting 956HXX+64WB			
Type of Coupling: 4 1/16 5K FLANGE			
<b>PROCEDURE</b>			
<i>Hose assembly pressure tested with water at ambient temperature.</i>			
TIME HELD AT TEST PRESSURE 1 MIN.		ACTUAL BURST PRESSURE: 0 PSI	
COMMENTS: S/N O240643-1			
Date: 6/8/2007	Tested By: BOBBY FINK		Approved: MENDI JACKSON