Form 3160-5 (August 2007)' VL UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD Artesia			FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010				
Form 3160-5 (August 2007)' VI B SUNDRY Do not use th abandoned we	 Lease Serial No. NMLC063079A If Indian, Allottee or Tribe Name 						
SUBMIT IN TR	7. If Unit or CA/Agre NMNM071016)	ement, Name and/or No.					
1. Type of Well Gas Well Ot	her			8. Well Name and No PLU PHANTOM	BANKS 25 25 30 USA 1H		
2. Name of Operator CHESAPEAKE AGENT FOR	Contact:	ERIN CARSON n@chk.com		9. API Well No. 30-015-40756	<u> </u>		
3a. Address PO BOX 18496 OKLAHOMA CITY, OK 7315	3b. Phone No. (include area code) Ph: 405-935-2896		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING				
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Descriptio	n)	11. County or Parish, and State				
Sec 25 T25S R30E Mer NMP	Sec 25 T25S R30E Mer NMP SESW 150FSL 2280FWL			EDDY COUNTY, NM			
12. CHECK APP	ROPRIATE BOX(ES) T	O INDICATE NATURE OF	NOTICE, RE	PORT, OR OTHE	R DATA		
TYPE OF SUBMISSION	TYPE OF SUBMISSION			TYPE OF ACTION			
Notice of Intent	□ ^{Acidize}	Deepen		on (Start/Resume)	U Water Shut-Off		
Subsequent Report	Alter Casing	Fracture Treat New Construction			Well Integrity		
—	Subsequent Report Casing Repair Change Plans Convert to Injection		Recompl	ete rily Abandon	Other Change to Original A		
			Water Di		PD		
13. Describe Proposed or Completed Op If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involved testing has been completed. Final A determined that the site is ready for the Chesapeake respectfully required choke manifold as part of our	ally or recomplete horizontally, rk will be performed or provide d operations. If the operation re bandonment Notices shall be fi final inspection.) uests permission to use a	give subsurface locations and mease the Bond No. on file with BLM/Bl sults in a multiple completion or re- led only after all requirements, inclu coflex hose to run from the B	sured and true ver IA. Required sub completion in a n uding reclamation BOP stack to t	tical depths of all pertin sequent reports shall be ew interval, a Form 316 , have been completed, he	nent markers and zones. e filed within 30 days 50-4 shall be filed once		
and test chart for the hose.		and a state of the	AP	PROVED			
CHK PN 645561	EIVED		THOTED				
Accepted for reco NMOCD J See CDA - attac	26 2012 DARTES: A -TAM	BURZAU OI CARLS	V 2 1 2012 Mar Maso LAND MANAGEMET BAD FIELD OFFICE	∧ vī			
14. Thereby certify that the foregoing is		160258 verified by the BLM We	ell information				
	For CHESAPEAKE	AGENT FOR CHEVRON, sent or processing by KURT SIMM	to the Carlsba	d			
Name(Printed/Typed) ERIN CAP	Title AUTHO	ORIZED REPP	RESENTATIVE	····			
Signature (Electronic S	Submission)	Date 11/14/2	2012				
· · · · · · · · · · · · · · · ·	THIS SPACE FO	OR FEDERAL OR STATE	OFFICE US	E			
Approved By		Title		Date			
certify that the applicant holds legal or equip	Conditions of approval, if any, are attached. Approval of this notice does a certify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operations thereon.				<u>+</u>		
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 person knowingly ar s to any matter within its jurisdiction	nd willfully to ma n.	ke to any department o	r agency of the United		

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

ORDER ACKNOWLEDGEMENT

00141438

PAGE: OF 1 1

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Midwest Hose & Specialty, Inc.

Ship From: Midwest Hose & Specialty, Inc - Odessa 1211 South County Road West Odessa TX 79762 USA

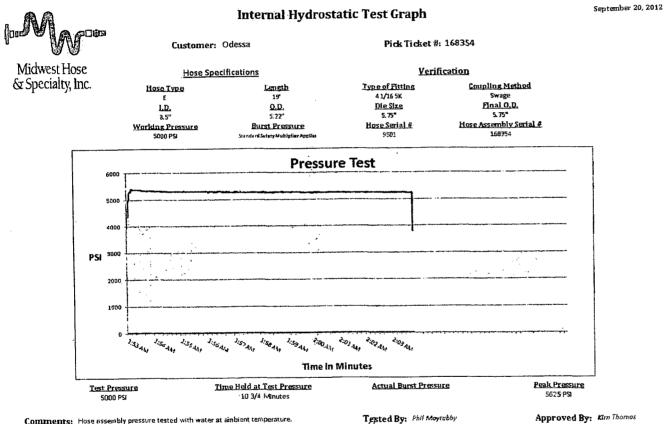
Best Way	Shipping point	Needed		
Written By	Selling Location	Mark Number		
Mike Lopez	Midwest Hose & Specialty, Inc - Odess			
 Trinidad Drilling LP ATTN: Accounts Payable 3728 West Jones Ave. Garden City KS 67846 USA 		STrinidad Drilling LP - Garden CityHATTN: Jim Bob - 1-713-416-3873T3728 West Jones Ave.PGarden City KS 67846TUSA		
Phone: 620-277-2062	Fax: 620-277-2094	Phone: 620-277-2062 Fax: 620-277-2094		
Order Date	of Payment	Freight,Terms		
	0 - NET 30 DAYS	Prepaid		

<u>Invoice Requirements:</u> Rig Number and Name of Person Placing Order

0100	TTEM DESCRIPTION TEM DESCRIPTION CK56-SS-10K-645K-645K-19.00' FT-W/LIFTERS 3.5"x19' 10K C&K w/·4-1/16" 5K Flanges		ASAP Complete	1.00 EA	11,300.0000 11,300.00
	3.5"x19' 10K C&K w/·4-1/16" 5K Flanges	8/30/2012	Complete	EA	11.300.00
				•	
					2
				Total Price:	11,300.00

Questions? Phone: (432) 333-2488

Fax: (432) 333-2492



Comments: Hose assembly pressure tested with water at ambient temperature.

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Approved By: Kim Thomas

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l	Midano		UE:	
Midwest Hose & Specialty, Inc.				
INTERNAL Customer:	HYDROSTA	TIC TEST	CERTIFICATE	r:
	DDESSA		152079	<u>. </u>
Type: Rotary / Vi GRADE E	HOSE SPECI brator Hose / API 7K		Hose Length: 19 FEE	T
I.D. 3.5 WORKING PRESSURE	INCHES	O.D. RE	5.22 INCHES	
5,000 PSI	5,000	PSI	N/A PSI	<u> </u>
		LINGS		
Part Number 3.5X64WB	Stem Lot Nur 4Q11	nber LOT1	Ferrule Lot Number 4Q11LOT1	
3.5X64WB Type of Coupling:	4Q11	LOT1 Die Size:	4Q11L0T1	
Swage-l	t		5.75 INCHES	
	PROC	EDURE		
	<u>pressure tested w</u> TEST PRESSURE		<u>nt temperature</u> JURST PRESSURE:	
<u>10 3/4</u>	MIN.		N/A PSI	_
Hose Assembly Serie 168354	ai Number:	Hose Serial N	9501	
Comments:				
Date:	Tested:		Approved:	
	Phillip 1	11-tat	Kim Shomas	-

CONDITIONS OF APPROVAL Sundry FC # 160258

	Sundry EC # 100258
OPERATOR'S NAME:	Chesapeake
LEASE NO.:	LC063079A
WELL NAME & NO.:	1H PLU Phantom Banks 25 25 30 USA
SURFACE HOLE FOOTAGE:	150' FSL & 2280' FWL
BOTTOM HOLE FOOTAGE	100' FNL & 1980' FWL
LOCATION:	Section 25, T.25 S., R.30 E., NMPM
COUNTY:	Eddy County, New Mexico

The following COA applies:

. . .

 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).