Form 3160-5 (April 2004)

OCD-ARTESIA

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

	NMNM 17095	
7	If Indian Allottee on Talka Mana	

Do not use th abandoned w	6. If Indian	, Allottee o	r Tribe Name						
SUBMIT IN TR	7. If Unit or	7. If Unit or CA/Agreement, Name and/or No.							
1. Type of Well Gas Well Other					8. Well Name and No.				
2. Name of Operator CHESAPEA	9. API W	iment D 2 ell No.							
3a Address			30-015-21233						
P.O. BOX 18496, OKLAHOM 4. Location of Well (Footage, Sec.,	RECEIVED		id Pool, or I ON NW	Exploratory Area					
SW NW 1980 FNL 660 FWL			11. County	11. County or Parish, State					
	L)	APR 1 1 2006	EDDY	EDDY COUNTY, NM					
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA									
TYPE OF SUBMISSION			TYPE OF ACTION						
Notice of Intent Subsequent Report	Acidize Alter Casing Casing Repair Change Plans	Deepen Fracture Treat New Construct Plug and Aband	on Reclamatio	•	Well	er Shut-Off I Integrity Extension of TA			
Final Abandonment Notice	Convert to Injection	Plug Back	Water Disp	osal					
Attach the Bond under which to following completion of the in testing has been completed. Findetermined that the site is read? Chesapeake respectfully, may warrant testing.	ectionally or recomplete horizontal he work will be performed or pro- volved operations. If the operation nal Abandonment Notices shall be	lly, give subsurface lovide the Bond No. on a results in a multiple of filed only after all reactions. TA status for 6 models.	cations and measured at file with BLM/BIA. Ro completion or recomple quirements, including re	nd true vertical deptequired subsequent tion in a new intervertion, have been a potential zone	hs of all per reports shal al, a Form 3 en complete	rtinent markers and zones. Il be filed within 30 days 3160-4 shall be filed once and the operator has			
			<u>ending</u>	1419	000				
14. I hereby certify that the fore Name (Printed/Typed) LINDA GOOD	egoing is true and correct	Tit	e PERMITTING A	GENT	1.5				
Signature	Sa Good	Da	te	04/05/2006					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE									
A			Trial.		Dota d	MO			
Approved by Conditions of approval, if any, are certify that the applicant holds legs which would entitle the applicant	Office		Date <						
Title 18 U.S.C. Section 1001 and Tit States any false, fictitious or fraude	de 43 U.S.C. Section 1212, make it ident statements or representation	a crime for any pers s as to any matter wit	on knowingly and will hin its jurisdiction.	Ifully to make to a	ny departme	ent or agency of the United			
(Instructions on page 2)				B.CO.					