MLM-CAF SBAD FIELD OFFICE

Form 3160-5 (April 2004)

UNITED STATES
DEPARTMENT OF THE INTERIOR

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

	EFARIMENT OF IT		•			DAPIGS. MINICI 31, 2007	
В	BUREAU OF LAND MANAGEMENT				5. Lease Scrie	I No.	
SUNDRY NOTICES AND REPORTS ON WELLS					MMMM	0429825	
Do not use this form for proposals to drill or to re-enter an					6. If Indian	, Allottee or Tribe Name	
abandoned we	is form for proposal. III. Use Form 3160 - 3	(APD) for su	ich pro	posals.			
SUBMIT IN TRIPLICATE- Other instructions on reverse side.					7. If Unit of	CA/Agreement, Name and/or No.	
I. Type of Well Gas Well Other					8. Well Na	***	
2. Name of Operator CHESAPEAKE OPERATING, INC. ATTN: LINDA GOOD					9. API W	CLARK 7 FEDERAL 1 9. API Well No.	
3a Address P.O. BOX 18496, OKLAHOM		3b. Phone No. (include area code) 405-767-4275			434536 d Pool, or Exploratory Area		
4. Location of Well (Foolage, Sec., T., R., M., or Survey Description)					Uod. II	idian Draw; Delaware	
2310 FNL 1000 FWL SEC 7, T22S, R28E					11. County	or Parish, State	
					EDDY COUNTY, NM		
12. CHECK A	PROPRIATE BOX(ES)	TO INDICATE	NATUR	E OF NOTICE,	REPORT, O	ROTHER DATA	
TYPE OF SUBMISSION			TY	PE OF ACTION			
✓ Notice of Intent	Acidize Alter Casing	Deepen Practure T	reat	Production (Start/Resume)	Water Shut-Off Well Integrity	
Subsequent Report	Casing Repair	New Cons	struction	Recomplete		Other	
	Change Plans	Plug and A	Abandon	✓ Temporarily	Abandon		
Final Abandonment Notice	Convert to Injection	Plug Back		Water Dispos	al		
testing has been completed. Fi determined that the site is ready Chesapeake, respectfully,	nal Abandonment Notices sha for final inspection.)	il be filed only after mporarily abando	all require	ments, including recl well. We plan to s	amation, have be	ai, a Form 3160-4 shall be filed once en completed, and the operator has 200' topped w/1 sx cmt, load and	
	ACCIDE	Speroved CONDIED FOR RECORD			7		
BLM NATIONWIDE BOND #NM2634.		ACOLFIEDTORIAL					
(CHK PN 819661)		MA GA PETRO	PY GO	2006 URLEY ENGINEER			
14. Thereby certify that the fore	going is true and correct						
Name (Printed/Typed) LINDA GOOD			Title I	PERMITTING AG	ENT		
Signature Kinda Rosol			Date		04/26/2006		
	THIS SPACE FO	OR FEDERA	LORE	TATE OFFIC	E USE		
			\exists				
Approved by				Title		Date	
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			
			y person k	nowingly and willfu	illy to make to a	ny department or agency of the United	

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

__MONTH PERIOD APPROVED FOR_ ENDING_

Accepted for record