

FORM APPROVED  
OMB NO. 1004-0135  
Expires July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS** **OCD-ARTESIA**  
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		8 Well Name and No HENSHAW DEEP UNIT 5
2 Name of Operator CHESAPEAKE OPERATING, INC.		9 API Well No. 30-015-03913-00-S1
Contact: LINDA GOOD E-Mail: linda.good@chk.com		
3a Address  OKLAHOMA CITY, OK 73154-0496	3b. Phone No. (include area code) Ph: 405-767-4275 Fx: 405-879-7899	10. Field and Pool, or Exploratory HENSHAW
4 Location of Well (Footage, Sec., T, R, M, or Survey Description)  Sec 23 T16S R30E NENE 660FNL 660FEL		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 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 checked="" 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 Production Facility Changes
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete 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 recompletion 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.)

TANK MOVED, WORK COMPLETED.

(CHK PN 891181)

14. I/We hereby certify that the foregoing is true and correct		<b>Electronic Submission #59894 verified by the BLM Well Information System          For CHESAPEAKE OPERATING, INC., sent to the Carlsbad          Committed to AFMSS for processing by KURT SIMMONS on 04/25/2008 (08KMS1167S)</b>	
Name (Printed/Typed)	LINDA GOOD	Title	REGULATORY COMPLIANCE SPECIALIST
Signature	(Electronic Submission)	Date	04/25/2008

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

<p>Approved By <b>ACCEPTED</b></p>		<p>JAMES A AMOS Title SUPERVISOR EPS</p>	<p>Date 04/27/20</p>
<p>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</p>		<p>Office Carlsbad</p>	

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 \*\***  
Accepted for record - NMOCD