Form 3160-5 (April 2004)

N.M. Oil Cons. DIV-Dist. 2

UNITED STATES VV. Grand Avenue DEPARTMENT OF THE INTERIOR VIV. 88210 BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS				NMNM415688A. 0415688A		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. (UNIT) NMNM71004X 8. Well Name and No.		
1. Type of Well Gas Well Other						
2. Name of Operator CHESAPEAKE OPERATING, INC. LINDA GOOD 405-7			5-767-4275	OLD INDIAN DRAW UNIT 1 9. API Well No.		
3a Address			CEIVED		30-015-20918	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980 FSL 1980 FEL NW SE SEC 18 T22S R28E			JUL 2 1 2005 OCD-AMTERIA		10. Field and Pool, or Exploratory Area INDIAN DRAW 11. County or Parish, State EDDY COUNTY, NEW MEXICO	
TYPE OF SUBMISSION		Т	YPE OF ACTION			
Notice of Intent	Acidize Alter Casing	Deepen Fracture Treat	Production (Start/Resume) Reclamation Recomplete Water Shut-Off Well Integrity Other SITE FACILITY			
Subsequent Report	Casing Repair Change Plans	New Construction Plug and Abandon		bandon	DIAGRAM	
Final Abandonment Notice Convert to Injection Plug Back Water Disposal						
Attach the Bond under which the following completion of the invitesting has been completed. Find determined that the site is ready	he work will be performed or prov volved operations. If the operation nal Abandonment Notices shall be	ride the Bond No. on file a results in a multiple cor e filed only after all requi	e with BLM/BIA. Requi npletion or recompletion rements, including reclar	red subsequent in a new interva	hs of all pertinent markers and zones. reports shall be filed within 30 days al, a Form 3160-4 shall be filed once en completed, and the operator has	
BLM NATIONWIDE BOND #NM2634			A	JUL 1 9 2005		
(CHK PN 890488)					C. SWOBODA UM ENGINEER	
14. Thereby certify that the fore Name (Printed/Typed) LINDA GOOD	going is true and correct	Title	PERMITTING AGE	ENT 1		
Signature Son		07/15/2005				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by			Title	{	Date A. FIRME	
Conditions of approval, if any, are certify that the applicant holds lega	Office		Date Fector - FIRE CT			

Office

which would entitle the applicant to conduct operations thereon.

CHESAPEAKE OPERATING, INC.

CHK Name & Number: OLD INDIAN DRAW UT 1 890488

API number:

30-015-20918

County:

EDDY

State: Field:

NM

Otr Otr Calls:

INDIAN DRAW

Sec/Twnshp/Rng:

NW SE

18-22S-28E

Number of Acres:

40

Regulatory Agency:

Lease Sign Type:

CA#:

APD Lease #:

Federal/Indian: Last Violation:

District:

Field Office:

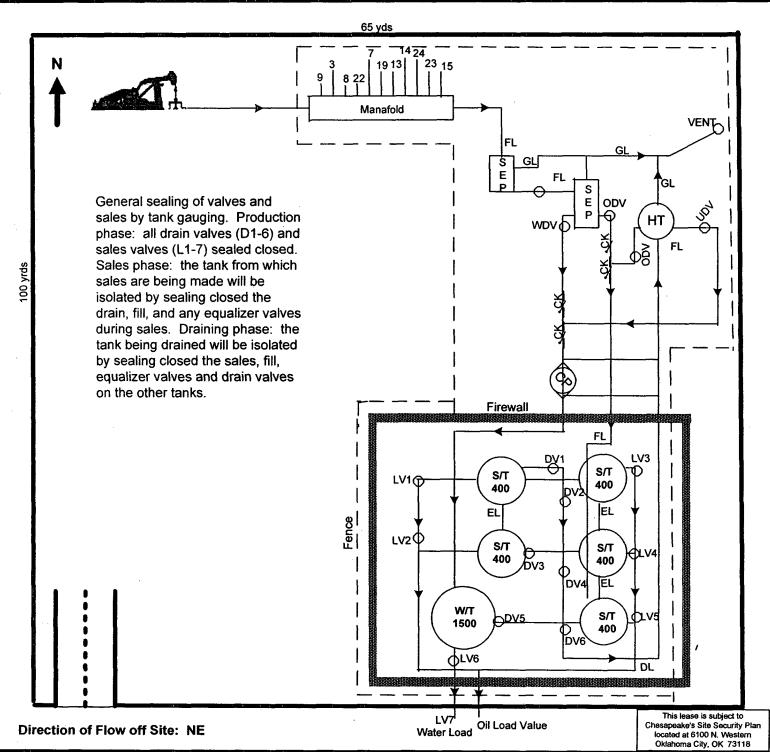
BLM

FEDERAL

UA NMNM71004X NMNM415688A

FEDERAL UNKNOWN PERMIAN

Hobbs



Prepared by: Patricia Chihuahua

Date: 9-09-2004

Approved by: Date: