

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB No. 1004-0137
Expires: March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS

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
☐ Oil Well ☐ Gas Well ☒ Other

RECEIVED

2. Name of Operator
Chesapeake Operating, Inc.

FEB 02 2006

3a. Address
P. O. Box 11050 Midland TX 79702-80503b. Phone No.
(432) 687-2992

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

660' FSL & 1980' FEL, Section 18, T22S, R28E

5. Lease Serial No.

NM-0415688A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
Old Indian Draw Unit

8. Well Name and No.

Indian Draw Unit #2

9. API Well No.

30-015-21391

10. Field and Pool, or Exploratory Area

Indian Draw, Delaware

11. County or Parish, State

Eddy

New Mexico

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 checked="" type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 recompleat 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 recompleat 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.)

1-12-06 RIH w/4 3/4" bit and 6 - 3 1/2" DCs, tag cmt at 110'. PU power swivel, break circ, drill cmt to 396', fell out. RIH to 447', shut pipe rams, test squeeze to 500#, press. drop to 350#, held 15 mins. POOH, LD work string, collars and bit. SD

1-13-06 RDMO.

1-19-06 MIRU, pressure up on wellbore to 325#, 125# drop in 10 mins. POOH w/tbg, PU 4 3/4" bit and 6-3 1/2" DCs. RIH w/work string, tag hard cmt @ 3,120', drill out 5' cmt. SD

1-20-06 Resure drlg. drill out CBP @ 3,125', push CBP to PBTD 3,342', POOH, LD 2 3/8" work string. RIH w/AD-1 pkr, tag tight spot @ 82', RIH w/5 1/2" csg scraper to 500'. POOH, RIH w/pkr, unable to work through tight spot, POOH

1-21-06 RIH w/AD-1 pkr and 98 jts. tbg to 3105', hydrotest to 4000#. ND wellhead, NU wellhead. SDFN

1-24-06 MIRU 300# circ pkr fluid, spot 9 bbls 300# seal maker, set AD-1 pkr @ 3, 110', press up squeeze fluid to 325#, leave 325# on annulus for 24 hrs.

1-25-06 Ran MIT: 340# for 30 mins. held good.

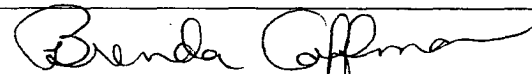
14. I hereby certify that the foregoing is true and correct

Name (Printed/Typed)

Brenda Coffman

Title Regulatory Analyst

Signature



Date 01/31/2006

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

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.

(Instructions on page 2)

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input checked="" type="checkbox"/>
LAND OFFICE	<input checked="" type="checkbox"/>
TRANSPORTER	<input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRODUCTION OFFICE	<input checked="" type="checkbox"/>

NEW MEXICO OIL CONSERVATION COMMISSION

REQUEST FOR ALLOWABLE

RECEIVED BY
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

MAY 13 1986

O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-85

Operator Kaiser-Francis Oil Company	
Address P. O. Box 21468, Tulsa, OK 74121-1468	
Reason(s) for filing (check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input checked="" type="checkbox"/>	Coalinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Effective 1/1/86	

If change of ownership give name and address of previous owner: Phoenix Resources Co- Mesa Petroleum Company, Box 2009, Amarillo, TX 79189

II. DESCRIPTION OF WELL AND LEASE

Lease Name RANCH ROAD	Well No. 1	Pool Name, including Formation Wildcat (Strawn) A-1	Kind of Lease State, Federal or Fee	Lease No. I-2757
Location Unit Letter C : 660 Feet From The North Line and 1980 Feet From The West				
Line of Section 20 Township 19S Range 20E, NMPM, Chaves County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
NONE	
Name of Authorized Transporter of Coalinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Waiting on pipeline	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	NO

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Some Res't.	Diff. Res't.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
			Pact ID-3					
			5-16-86					
			Sbg AP					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Charlotte Van Velsburg
Charlotte Van Velsburg
Production Administrator
(Title)
5/5/86
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAY 13 1986
BY Original Signed By
Mike Williams
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allowable on new and recompleted wells.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply completed wells.