## OCD-ARTESIA

Form 3160-5 (February 2005)

(Instructions on page 2)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUNDEY NOTICES AND REPORTS ON WELLS

Do note is earlier form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

FORM AF	PPROVED
OMB No	1004-0137
Evniree Ma	rch 31 2007

5. Lease Serial No. NMNM 929234

6. If Indian, Allottee or Tribe Name

abandoned well.	JSE FOITH 3 160-3 (A	PD) for such p	roposais.				
SUBWIT IN TRIPLICATE - Other Instructions on page 2.					7 If Unit of CA/Agreement, Name and/or No		
1 Type of Well  ✓ Oil Well ☐ Gas Well ☐ Other					8 Well Name and No LOTOS C FEDERAL 91	12	
2. Name of Operator CHESAPEAKE OPERATING, INC. ATTN: LINDA GOOD			9. API Well No 30-015-35356	JUN 2 5 2007			
3a Address P O BOX 18496 OKLAHOMA CITY, OK 73154-0496  3b Phone No (in			ude area code)		10 Field and Pool or Exploratory Area COTTON DRAW OCD-ARTESIA		
4 Location of Well (Footage, Sec., T.R., M., or Survey Description)				11 Country or Parish, State			
660' FSL & 1980' FEL, SWNE, SECTION 9,T24S, R31E				EDDY COUNTY, NEW MEXICO			
12. CHEC	K THE APPROPRIATE BO	X(ES) TO INDICAT	E NATURE OF	NOTIC	E, REPORT OR OTHER I	DATA	
TYPE OF SUBMISSION			ТҮРЕ О	F ACT	ION		
Notice of Intent	Acidize Alter Casing	Deepen Fracture To	_	Recla	uction (Start/Resume) [	Water Shut-Off Well Integrity	
✓ Subsequent Report	Casing Repair	New Cons	_	_	mplete L	Other Spud & set surface casing	
Final Abandonment Notice	Change Plans Convert to Injection	Plug and A	.bandon	_ `	oorarily Abandon r Disposal	casing	
6/15/2007 Ran 22 jts 13 3/8" 48# Plus, 14.8 ppg, 1.35 yi 6/17/2007 Test casing pressure to	ed operations If the operations Abandonment Notices must final inspection )  Rig #15, spud well @ 6:00	on results in a multip be filed only after all am. , cmt w/420 sx Hall	le completion or requirements, inc	recomp cluding	letion in a new interval, a Freelamation, have been con Plus, 12.4 ppg, 2.03 yie  AC EPT	Form 3160-4 must be filed once impleted and the operator has slid, tail in w/340 sx Premium	
(CHK PN 613357)					Valley	erne en e	
14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) LINDA GOOD Title FEDERAL REGULA				ATORY ANALYST			
Signature Rinda Good Date 06/18/1007							
	THIS SPACE	FOR FEDERA	L OR STATI	E OF	FICE USE		
Approved by		· · · · · · · · · · · · · · · · · · ·					
Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations	itle to those rights in the subje	ct lease which would	Office		Date		
Title 18 U.S.C. Section 1001 and Title 43			knowingly and wi	llfully t	o make to any department or	agency of the United States any false,	