

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTN.M. Oil Cons. Division
1625 N. French Dr.
Hobbs, NM 88240FORM APPROVED
OMB No. 1004-0135
Expires November 30, 2000

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 <input checked="" type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM 077004
2. Name of Operator Chesapeake Operating, Inc.		6. If Indian, Allottee or Tribe Name
3a. Address P. O. Box 11050 Midland TX 79702-8050	3b. Phone No. (include area code) (432)687-2992	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 860' FSL & 660' FEL, Section 17, T19S, R33E		8. Well Name and No. Excalibur "17" Federal 001
		9. API Well No. 30-025-36543
		10. Field and Pool, or Exploratory Area Buffalo; Penn
		11. County or Parish, State Lea 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 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 Casing /perf
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	acid/frac
	<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 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.)

10-06-04 Spud 25" conductor hole 40'. In 17 1/2" hole ran 10 jts. 13 3/8" 48# H-40 STC csg. set @ 450'. Cmt'd w/50 bbls spacer, cmt w/200 sx Lite + additives. Tail in w/250 sx Cl. C + additives.
10-18-04 In 12 1/4" hole ran 118 jts. 8 5/8" 32# J-55 LTC csg set @ 5,304'. Cmt'd w/1,350 sx. Tail in w/200 sx.
11-23-04 In 7 7/8" hole ran 318 jts. 5 1/2" 17# - 20# L80 LTC csg. set @ 13,760'. Cmt'd w/790 sx cmt. Cmt. 2nd stage w/710 sx + additives. Tail in w/100 sx Halad Reg.
12-08-04 RIH w/perforating guns, perforate Lower Morrow 13,700 - 13,710' @ 4 spf.
12-09-04 RU Cudd Pumping Service. Pump 2,423 gals 2% KCL to load tbq, pump another 475 gals to establish rate @ 2 BPM. Switch to 15% NeFe, pump 105 gals. Switch to 2% KCL pump 168 gals. ND wellhead, add 2' x 2 7/8" sub, NU wellhead, pressure csg to 2000#, held good, tie onto tbq., pump 1,134 gals 2% KCL. Switch to 15% NeFe, pump 193 gals, CP incr. to 2530#, switch to 2% KCL, pump 201 gals, SD, ND wellhead, NU BOP, pump 3,402 gals 2% KCL down tbq @! 6000# @ 4BPM.
12-11-04 Pump 2000 gals 15% NeFe @ 5367#.
12-15-04 RU Cudd Pumping serv. press. annulus to 1000#, tie onto tbq., pump 10,000 gals Ultrigel @ 5 BPM, flush w/3, 612 gals 2% KCL. Swabbing

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Brenda Coffman

Title
Regulatory AnalystDate
12/16/2004

ACCEPTED FOR RECORD

DEC 21 2004

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date
FEDERAL ENGINEER

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, makes 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 reverse)

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