Form 3160-5 (August 1999)

## DEPARTMENT OF THE INTERIOR. OIL CORS. DIVISION BUREAU OF LAND MANAGEMESES N. French Dr.

FORM APPROVED OMB No. 1004-0135 Expires November 30, 2000

BUREAU OF LAND MANAGEME SUNDRY NOTICES AND REPORTS ON THE LEGAL SUNDRY NOTICES AND REPORTS ON THE POPULATION OF THE POPU				5. Lease Serial No. NMNM68821
				6. If Indian, Allottee or Tribe Name
SUBMIT IN TRII	PLICATE - Other instru	uctions on revers	e side	7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well  ☐ Oil Well  ☐ Gas Well ☐ Other				8. Well Name and No. Paloma 30 Federal 01
2. Name of Operator Chesapeake Operating, Inc.				9. API Well No.
3a. Address P. O. Box 11050 Midland TX 79702-8050		3b. Phone No. (include area code) (432)687-2992		30-025-36969  10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 2100' FEL Sec. 30, T23S, R34E, Sec. 30, T23S, F				Bell Lake Morrow Mid  11. County or Parish, State Lea New Mexico
12. CHECK AP	PROPRIATE BOX(ES)	TO INDICATE NAT	URE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMISSION TYPE OF ACTION				
<ul> <li>□ Notice of Intent</li> <li>☑ Subsequent Report</li> <li>□ Final Abandonment Notice</li> </ul>	<ul><li>☐ Acidize</li><li>☐ Alter Casing</li><li>☐ Casing Repair</li><li>☐ Change Plans</li></ul>	☐ Deepen ☐ Fracture Treat ☐ New Construction ☐ Plug and Abando	n 🗌 Temporarily A	Well Integrity Other
Final Abandonment Notice	Convert to Injection	Plug Back	☐ Water Disposa	
following completion of the investing has been completed. Fin determined that the site is read 1-14-05. In 8 3/4" hole, ra w/300 sx Cl. H + additives 1-15-05. Cmt'd 2nd stage	volved operations. If the operational Abandonment Notices shall by for final inspection.)  n 103 jts 7" 26# P-110 co.  w/550 sx 50:50 Poz C	on results in a multiple co be filed only after all requ casing set @ 7503	irements, including reclar	ed subsequent reports shall be filed within 30 days in a new interval, a Form 3160-4 shall be filed once nation, have been completed, and the operator has w/450 sx Poz C + additives; tail in
14. I hereby certify that the forego Name (Printed/Typed)	ing is true and correct	Title		
Brenda Coffman  Signature			gulatory Analyst	
Signature	R DECENT		27/2005 R STATE OFFICE U	
ACCEPTEDI	The state of the s	Z. ON FEDERAL O	Title	Date
Approved PRIG SGD.) DAVID B. GLASS  Conditions of approval, if any, are attached. Approval of this notice does not warn certify that the applicant holds legal or equitable title to those rights in the subject				L
which would entitle the applicant	to conductoperations thereon.		make to any denartment	or agency of the United States any false, fictitious or
Title 18 U.S.C. Section 1001 into	tations as to any matter within	its jurisdiction.	make to any department	