New Mexico Cil Conservation Division, District I --1625-N. French Drive

SUNDRY NOTICES
BUREAU OF
DEPARTMEN
UNI

ITED STATES Hobbs, NM 88240 NT OF THE INTERIOR

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

	BUREAU OF LAND MANAGEMENT			5 Lanca	f I C-i-1 N-	
SUNDRY NOTICES AND REPORTS ON WELLS			NMNM1	5. Lease Serial No. NMNM111243		
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 India	an, Allottee or Tribe Name	
SUBMIT IN TRI	IPLICATE - Other Inst	ructions on rev	rerse side	7. If Unit	or CA/Agreement, Name and/or No.	
Oil Well 🛛 Gas Well	☐ Other				lame and No.	
2. Name of Operator Chesapeake Operating, Inc.				Smith 4 9. API W	Federal #2	
3a. Address 3b. Phone No. (include area code)			30-025-			
P. O. Box 11050 Midland TX 79702-8050 (432)687-2992 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				10. Field and Pool, or Exploratory Area WTeas Yates Seven Rivers		
990' FNL & 395' FEL, Sec. 4, T20S, R33E				11. Count Lea	11. County or Parish, State Lea New Mexico	
12. CHECK AP	PROPRIATE BOX(ES)	TO INDICATE N	NATURE OF NOTIC	E, REPORT, C	OR OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
☐ Notice of Intent	☐ Acidize	☐ Deepen	<u></u>	(Start/ Resume)	☐ Water Shut-Off	
Subsequent Report ■ Control	☐ Alter Casing ☐ Casing Repair	☐ Fracture Trea ☐ New Constru	=		☐ Well Integrity ☐ Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Aba	andon 🛛 Temporaril	y Abandon	- 000	
	Convert to Injection	☐ Plug Back	Water Disp	osal		
Attached is the chart for m compliance for five years	nechanical integrity test	for this well. Thed Well. Test w	ne pressure held at ras witnessed by BL	500 psi. Plea M as noted o	nse, accept this test as n chart.	
period of up to or This TA extensio Dec 22, 2005. U	ions are allowed for a ne year with proper ju in is approved for 90 Itilize wellbore or sub oval to this office.	stification.	24.25251 SEP 2015	SEP 2 2	2005 LREEY	
14. I hereby certify that the foregoin			We expended			
Name (Printed/Typed) Brenda Coffman Title Regulatory Analyst						
Signature	Offma		Pate 19/20/2005			
	THIS SPACE	FOR FEDERAL	OR STATE OFFICE	USE		
Approved by			Title		Date	
Conditions of approval, if any, are certify that the applicant holds lega which would entitle the applicant to	I or equitable title to those righ	tice does not warrant	Office			
Title 18 U.S.C. Section 1001, make fraudulent statements or representati	es it a crime for any person kno tions as to any matter within it	owingly and willfully s jurisdiction.	to make to any departme	nt or agency of th	e United States any false, fictitious or	

(Instructions on reverse)



