New Mexico Oil Conscivation Division, District I 1625 N. French Drive Kobbs, NM 88240 FOR

Form 3160-5

UNITED STATES

FORM APPROVED

(August 1999)	DEPARTMENT OF THE INTERIOR			OMB No. 1004-0135 Expires November 30, 2000		
BUREAU OF LAND MANAGEMENT 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				5. Lease Serial No.		
					NMNM16835	
				6. If Indian, Allottee or Tribe Name		
				7. If Unit	7. If Unit or CA/Agreement, Name and/or No.	
I. Type of Well	7 o					
					8. Well Name and No. Neuhaus 14 Federal 5	
Chesapeake Operating, Inc.				1	9. API Well No.	
3a. Address P. O. Box 11050 Midland TX 79702-8050		3b. Phone No. (include area code) (432)687-2992			30-025-37351 10. Field and Pool, or Exploratory Area Osudo; Morrow, West 11. County or Parish, State	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description 1090' FNL 330' FEL Sec. 14, T20S, R35E		on)		Osudo; N		
			Lea New Mexico			
12. CHECK AF	PPROPRIATE BOX(ES)	ΓΟ INDICATE NA	TURE OF NOTICE,	REPORT, O	R OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
☐ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (S	tart/ Resume)	☐ Water Shut-Off	
(- 1	☐ Alter Casing	Fracture Treat	☐ Reclamation		Well Integrity	
X Subsequent Report	Casing Repair Change Plans	☐ New Construct☐ Plug and Aban	•	Abandon	Other Casing	
☐ Final Abandonment Notice	Convert to Injection	☐ Plug Back	☐ Water Dispos			
following completion of the in-	volved operations. If the operational Abandonment Notices shall t	on results in a multiple	completion or recompletion	in a new interv	eports shall be filed within 30 days al, a Form 3160-4 shall be filed once en completed, and the operator has	
9-18-05 TIH w/bit an dire	sx cmt to surface, cmt. ctional tools. Well now d LD machine, run 48 jts	3rd stage w/865 directional drill. s. 4 1/2" 15.1# P-	sx 50:5:10 Poz H, t	ail in w/235 s release LD n	nachine and csg. crew, circ.	
TO TO TO THE OUT OF THE OUT		50 p.111. 011 10/5/0		24,25262	20	
,			/s			
			25 (37 (37	8 % E	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
14. I hereby certify that the foregoi Name (<i>Printed/Typed</i>)	ng is true and correct	Titl	٧.	Systems.	21/	
Brenda Coffman			egulatory Analyst	Si3 18 18.		
Signature		Dat 10	e /24/2005			
ACCEPTED FO	OR RECONVISISPACE		R STATE OFFICE US	3F		
Approved by	DAYID B GLASS		Title		Date	
Conditions of approval, Fahy, Zre			Office			
certify that the applicant holds lega	il or equitable title to those righ	ice does not warrant of ts in the subject lease	r Office			
which would entitle the applicant to	o conduct operations thereon.				0 46	