

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.**

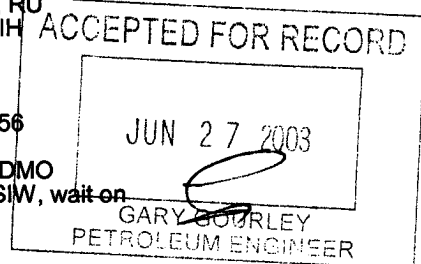
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM104724
2. Name of Operator CHESAPEAKE OPERATING INC		6. If Indian, Allottee or Tribe Name
3a. Address P O BOX 18496 OKLAHOMA CITY, OK 73154		7. If Unit or CA/Agreement, Name and/or No. NMNM103145X
3b. Phone No. (include area code) Ph: 405.848.8000 Ext: 112 Fx: 405.810.2780		8. Well Name and No. WEST TEAS UNIT 921
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T20S R33E NENW 330FNL 2310FWL		9. API Well No. 30-025-31896-00-S1
		10. Field and Pool, or Exploratory W TEAS
		11. County or Parish, and State LEA COUNTY, NM

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and Abandon
	<input checked="" type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other
	<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 and 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.)

05/09/03 RIH w/RBP to 252', POOH w/tbg, load csg w/2% KCL, ND BOP, unscrew wellhead, screw on new Larkin head, RIH, retrieve RBP, POOH w/tbg, RIH w/4-3/4" bit, bit sub & 2-3/8" tbg, tag @3234', RU foam unit, break circ, clean out 3234-3239', start running on junk for 2 hrs, POOH w/tbg & bit, RIH w/4-3/4" shoe & 2-3/8" tbg, break circ, clean 3239-3290', circ clean, POOH, SDFN
05/10/03 & 05/11/03 SD no activity
05/12/03 PU 5-1/2" pkr, hydro test 98 2-3/8" w/5000# above slips, set pkr @ 3144', load csg w/56 BPW, test csg to 1000#, OK, rise pkr, LD 98 2-3/8", SIW, SDFN
05/13/03 PU 5-1/2" Injection pkr, PU 100 jts 2-3/8" Duoline, set pkr @3117', run MIT @ 360#, RDMO
05/14/03 RU acid truck, tie on tbg, pump 24 bbls 15% NE-FE acid & 60 BPW @ 1 BPM @0#, SIW, wait on injection



14. I hereby certify that the foregoing is true and correct.		SUBJECT TO	
Electronic Submission #23433 verified by the BLM Well Information System For CHESAPEAKE OPERATING INC, sent to the Hobbs Committed to AFMSS for processing by Linda Askwig on 06/25/2003 (03AL005756)		LIKE APPROVAL BY STATE	
Name (Printed/Typed)	BARBARA BALE	Title	AUTHORIZED REPRESENTATIVE
Signature	(Electronic Submission)	Date	06/19/2003

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Title	Received	Date
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	HOBBS OCD	10/11/2003

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

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