

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

New Mexico Oil Conservation Division, District I  
1625 N. French Drive  
Hobbs, NM 88249

FORM 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.**

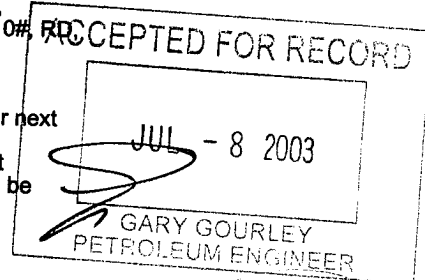
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM104724
2. Name of Operator CHESAPEAKE OPERATING, INC.		6. If Indian, Allottee or Tribe Name
3a. Address P.O. BOX 18496 OKLAHOMA CITY, OK 73154-0496		7. If Unit or CA/Agreement, Name and/or No. NMNM103145X
3b. Phone No. (include area code) Ph: 405.879.9112 Fx: 405.879.9583		8. Well Name and No. WTYSRU 941
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T20S R33E NENE 330FNL 990FEL		9. API Well No. 30-025-32217
		10. Field and Pool, or Exploratory TEAS; YATES-SEVEN RIVERS, WEST
		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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input checked="" 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 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.)

05/28/03 RIH w/5-1/2 csg scraper, 101 jts 2-3/8" tbg, tag @3197, POOH, PU 5-1/2" pkr, RIH w/100 jts tbg, set pkr @3185', test plug to 1200#, OK, pull pkr up to 3038', set pkr, load csg w/40 BPW, test to 500#, OK, pump down tbg w/24 bbls 15% NE-FE acid & 25 BPW @5 BPM @1100#, ISP 0#, release pkr, POOH, LD 101 jts 2-3/8", SIW, SDFN.  
05/29/03 PU 5-1/2" injection pkr, 97 - 2-3/8" dual line tbg, pump 55 bbls pkr fluid, set pkr @3030', test CP to 400#, would not hold, attempt 3 hrs to run chart, unable to get test, leave casing open overnight to get air out, SD, OCD man advised he would be unable to be present for next day's test  
05/30/03 Pressure up csg, chart @400 PSI for 30 min, OK, pump 55 bbls of WT down tbg to get injection rate. No pressure at 2 bbls min. close well in, RDMO, OCD man advised, but unable to be on location for test. Test successfulw/chart showing 415#.



14. I hereby certify that the foregoing is true and correct.

Electronic Submission #23313 verified by the BLM Well Information System  
For CHESAPEAKE OPERATING, INC., sent to the Hobbs

Name (Printed/Typed) BARBARA BALE	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 06/17/2003

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	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 _____		

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.

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