Form 3160-5 (April2004)

## UNITEDSTATES DEPARTMENT OF THE INTEROCD-HOBBS

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.

| FORMAPPROVED           |    |
|------------------------|----|
| OM B No. 1004-0137     |    |
| Expires: March 31, 200 | )7 |

5. Lease Serial No.

| NM- | 16 | 86 | 35 |
|-----|----|----|----|
|-----|----|----|----|

6. If Indian, Allottee or Tribe Name

| abandoned we                                                                                                                                                                                                                                                                                                                   | ell. Use Form 3160 - 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (APD) for such                                                                                                                                                                                                                                   | proposals.                                                                                                                                                                                                                                                                           |                       |                                                                                   |  |
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| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |                       | 7. If Unit or CA/Agreement, Name and/or No.                                       |  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                | 8. Well Name and No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
| 2. Name of Operator                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      | Neuhaus 14 Federal #3 |                                                                                   |  |
| Chesapeake Operating, I                                                                                                                                                                                                                                                                                                        | 9. API Well No.<br>30-025-35153                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
| 3a. Address                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
| P. O. Box 11050 Midland                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 10. Field and Pool, or Exploratory Area Undesignated; Seven Rivers                                                                                                                                                                               |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
| 4. Location of Well (Footage, Se 660' FSL & 1980' FEL, Se                                                                                                                                                                                                                                                                      | · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | iption)                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                      |                       | y or Parish, State                                                                |  |
| 000 1 3E & 1900 1 EE, 30                                                                                                                                                                                                                                                                                                       | 50. 14, 1203, N33E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                      | Lea<br>New Me         | -                                                                                 |  |
| 12. CHECK A                                                                                                                                                                                                                                                                                                                    | PPROPRIATE BOX(ES)T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | O INDICATE NA                                                                                                                                                                                                                                    | TURE OF NOTICE, R                                                                                                                                                                                                                                                                    | EPORT, O              | R OTHER DATA                                                                      |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | OF ACTION                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                | Acidize                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Deepen                                                                                                                                                                                                                                           | Production (Sta                                                                                                                                                                                                                                                                      | art/Resume)           | Water Shut-Off                                                                    |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                               | AlterCasing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | FractureTreat                                                                                                                                                                                                                                    | Reclamation                                                                                                                                                                                                                                                                          |                       | Well Integrity                                                                    |  |
| X Subsequent Report                                                                                                                                                                                                                                                                                                            | Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | New Construc                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                      |                       | Other                                                                             |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                       | Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Plug and Aban                                                                                                                                                                                                                                    | <del></del>                                                                                                                                                                                                                                                                          |                       |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                | Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | X Plug Back                                                                                                                                                                                                                                      | Water Disposal                                                                                                                                                                                                                                                                       |                       |                                                                                   |  |
| testing has been completed. Fir determined that the site is ready 11-17-05 RIH w/125 jts. 11-18-05 POOH w/RBF Apollo. PU 3 3/8" csg gr spf (28 holes). RD. Set acidize w/1,500 gals 15% 11/27/05 RU Rising Sta additives, cmt plug 7100 btm of tbg @ 4304', pum tbg, rev. circ tbg. 11/29/05 Load hole w/1 TOC @ 3990, POOH w/ | al Abandonment Notices shall by for final inspection.)  2 7/8" J-55 tbg, set play, set @ 4,155', press.  Jun, RIH correlate and pkr @ 4,052', load, teg.  6 HCL NeFe acid and remaining circ w/10 and rementing, circ w/10 and set of the first set | kr @ 4085', tes<br>up on csg to 1<br>perf Seven Riv<br>est csg to 500#,<br>50 - 1.3" BS.<br>D# brine gel, pu<br>ear tbg. RIH, ta<br>04 - 4000'. PO<br>bet. 5 1/2" csg<br>head to top of<br># csg. sting in<br>s, perf 4 holes<br>ble w/10 bbls b | equirements, including reclar<br>to csg to 1000#.<br>500# - OK. RU<br>ers 4,112 - 4,126 @<br>RU swab. RU Cuc<br>Swab<br>imp 40 sx Cl. C cmt<br>g cmt @ 6914'. Se<br>OH w/10 stds 2 7/8<br>and 9 5/8" csg. Ta<br>5 1/2" csg slips. PU<br>to csg, pull 135,000<br>@ 1,250', csg slight | nation, have b        | as to plugging of the well borned bond is retained until astoration is completed, |  |
| Name (Printed/Typed)                                                                                                                                                                                                                                                                                                           | going is true and correct                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | l                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                      |                       |                                                                                   |  |
| Brenda Coffman                                                                                                                                                                                                                                                                                                                 | $\Lambda$ $\Lambda$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Tit                                                                                                                                                                                                                                              | Regulatory Ana                                                                                                                                                                                                                                                                       | iyst                  |                                                                                   |  |
| Signature Zun                                                                                                                                                                                                                                                                                                                  | da Offm                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Da                                                                                                                                                                                                                                               | te 12/23/2005                                                                                                                                                                                                                                                                        |                       |                                                                                   |  |
| ACCEPTED I                                                                                                                                                                                                                                                                                                                     | THIS ISPACE FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | FEDERAL O                                                                                                                                                                                                                                        | R STATE OFFICE                                                                                                                                                                                                                                                                       | USE                   |                                                                                   |  |
| <u> </u>                                                                                                                                                                                                                                                                                                                       | DAVID & GAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                  | Title                                                                                                                                                                                                                                                                                | 1                     | Date                                                                              |  |
| Conditions of approval, if and are certify that the applicant holds lega which would entitle the applicant                                                                                                                                                                                                                     | or equitable title to those right                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ts in the subject lease                                                                                                                                                                                                                          | Office                                                                                                                                                                                                                                                                               |                       |                                                                                   |  |
| Title 18 U.S.C. Section 100A MOTH<br>States any false, fictitions of frauc                                                                                                                                                                                                                                                     | le 43 (LASES) Section 1212, make<br>plent statements or representa                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | e it a crime for any pe<br>ations as to any matt                                                                                                                                                                                                 | rson knowingly and willfully<br>er within its jurisdiction.                                                                                                                                                                                                                          | to make to an         | y department or agency of the United                                              |  |