HUBBS OCD-ARTESIA UNITED STATES

FORM APPROVED

| DEPARTMENT OF THE INTERIOR | | | | | OM B No. 1004-0137 Expires: March 31, 2007 | |
|--|--|---|---|--|--|--|
| BUREAU OF LAND MANAGEMENT | | | | 5. Lease Serial No. NMNM 56749 | | |
| 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. | | | | | Allottee or Tribe Name | |
| SUBMIT IN TRIPLICATE- Other instructions on reverse side. | | | | 7. If Unit or CA/Agreement, Name and/or No. | | |
| I. Type of Well ☐ Gas Well ☑ Other | | | | 8. Well Name and No. | | |
| 2. Name of Operator CHESAPEAKE OPERATING, INC. ATTN: LINDA GOOD | | | | _ | AAL USA L 3 | |
| 3a Address 3b. Phone No. (include area code) P.O. BOX 18496, OKLAHOMA CITY, OK 73154-0496 405-767-4275 | | | | 30-025- | 30-025- 30692 3 <i>0</i> 685 | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) | | | | 10. Field and Pool, or Exploratory Area TONTO; SEVEN RIVERS 11. County or Parish, State LEA COUNTY, NEW MEXICO | | |
| 2100 F8L 2310 FWL, SEC. 14, T19S, R33E 1880 № 1675 E | | | | | | |
| 12. CHECK AF | PPROPRIATE BOX(ES) TO IN | NDICATE NATU | JRE OF NOTICE, F | REPORT, OR | OTHER DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | |
| Notice of Intent | Acidize Alter Casing | Deepen Fracture Treat | Production (St | art/Resume) | Water Shut-Off Well Integrity | |
| Subsequent Report | Casing Repair Change Plans | New Construction Plug and Abandon | | bandon | Other | |
| Final Abandonment Notice | Convert to Injection | Plug Back | Water Disposal | | | |
| Attach the Bond under which the following completion of the invitesting has been completed. Fir determined that the site is ready This well was TA'd on 9/11 part of a Tonto Seven Rive | 9/02. Chesapeake, respectfully, pers Waterflood Unit. This unit is ization will be completed before BLM 24 hours notice. | the Bond No. on file sults in a multiple conted only after all required requests that this in the process of | e with BLM/BIA. Requi mpletion or recompletion irements, including reclan well continue to be hel being unitized. The f | red subsequent re in a new interva nation, have been dd in a TA stat irst working in | eports shall be filed within 30 days I, a Form 3160-4 shall be filed once In completed, and the operator has I. This well will be used as Interest meeting has been held. It | |
| TE MIT S | uccess Ful T | 4 whi | 3= 1-XTD | NDED F | FOR 6 mas Filter | |
| THAT DATE SUBMITTED (CHK PN 890907) | -AFTER THIS | DERIOD | WEIL MU | 5 F 13E | ONLINE OR PL | |
| 14. I hereby certify that the fore | going is true and correct | | | | | |
| Name (Printed/Typed) LINDA GOOD | 4.4 | Title | PERMITTING AGE | NT | | |
| Signature Kinda | Good | Date | | 04/05/2006 | | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | | | | | |
| Approved by Not Bought CRIG SGD LES BABYA Title D.E. Date 4/24/06 Conditions of approval, if any, are attached. Approval of this notice does not warrant or | | | | | | |
| | l or equitable title to those rights in t | | Office | | , | |
| Title 18 11 S.C. Section 1001 and Title | A2 II C Continu 1212 make it a a | -i f | Imaminals, a. 4 | . 41 4- | -64-11-1-1 | |

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.

(Instructions on page 2)

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