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a 3160-5 i 2004) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007 5. Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS			NMNM 071949			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.			6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE- Other instruc	ctions on rever	se side.	7. If Unit or	CA/Agreement	t, Name and/or No.	
1. Type of Well Gas Well Other				8. Well Name and No. KELLER 27 FEDERAL 1		
2. Name of Operator CHESAPEAKE OPERATING, INC. ATTN: LINDA GOOD			9. API Well No. 30-025-37905 10. Field and Pool, or Exploratory Area			
3a Address 3b. Phone No. (include area code) P. O. BOX 18496, OKLAHOMA CITY, OK 73154-0496 405-767-4275						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				BELL LAKE		
1767 FSL 660 FWL, SEC 27-T23S-R34E			11. County or Parish, State Lea County, New Mexico			
12. CHECK APPROPRIATE BOX(ES) TO IN	DICATE NATUR	E OF NOTICE, R				
TYPE OF SUBMISSION	TY	PE OF ACTION	<u> </u>	· ·		
Acidize	Deepen	Production (Sta	art/Resume)	Water Shi		
Notice of Intent Alter Casing Casing Repair	Fracture Treat	Reclamation Recomplete		Well Integ	grity Ater Disposal	
Final Abandonment Notice	Plug and Abandon	Temporarily At	bandon		peline	
 Describe Proposed or Completed Operation (clearly state all pertinen If the proposal is to deepen directionally or recomplete horizontally, j 						
Attach the Bond under which the work will be performed or provide following completion of the involved operations. If the operation res testing has been completed. Final Abandonment Notices shall be file determined that the site is ready for final inspection.) Chesapeake, respectfully, requests permission to lay 1616.	sults in a multiple comp ed only after all require	letion or recompletion i ments, including reclar	n a new interval ation, have beer	, a Form 3160- a completed, an	4 shall be filed once ad the operator has	
BLM NATIONWIDE BOND #NM2634.				5.1112	13 74 75 18	
(CHK PN 819029)			1995 1995 60 19	hous Notes		
 14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) LINDA GOOD 	Title F	ERMITTING AGE	NT			
Signature Linda Good	Date		07/10/2006			
THIS SPACE FOR FI		TATE OFFICE	USE			
Approved by /s/ James Stovall		LD MANA	GER	Date AUG	1 8 2006	
Conditions of approval, if any, are attached. Approval of this notice do certify that the applicant holds legal or equitable title to those rights in t which would entitle the applicant to conduct operations thereon.	the subject lease				OFFICE	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a c States any false, fictitious or fraudulent statements or representations as	rime for any person k to any matter within i	nowingly and willfully is jurisdiction.	to make to any	department of	ragency of the United	
(Instructions on page 2) GWW						

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