

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division

1625 N. French Dr.

Hobbs, NM 88240

FORM APPROVED
OMB No. 1004-0135
Expires January 31, 2004

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 type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other WIW		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	3b. Phone No. (include area code) (405) 848-8000	7. If Unit or CA/Agreement, Name and/or No. NMNM103145X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SW NW Sec 9-20S-33E 1980' FNL & 660' FWL		8. Well Name and No. WTYSRU No. 912
		9. API Well No. 912 30-025-29971
		10. Field and Pool, or Exploratory Area Teas, Yates-Seven Rivers, West
		11. County or Parish, State Lea Co., 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 checked="" type="checkbox"/> Alter Casing	<input checked="" 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 checked="" type="checkbox"/> Other H-5 Test
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	on casing
	<input 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 recompletion 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.)
- 09/05/03 RU Baker, Perf Y1 3138-66', 3188-222'; Perf Y2 3260-70' @ 4 spf, RD Baker.
PU 4-1/2" treating packer, run 98 2-3/8" tbg, set pkr @3094, test csg to 500#, SDFN
- 09/06/03 Treat Y1 & Y2 perfs w/59 bbls 15% NE-Fe acid, 1000# salt, 50 BPW, max PSI 2600#, max rate 5 BPM, avg PSI 2400#, avg rate 5 BPM, ISP 1890#, 5 min 1452#, 10 min 1334#, 15 min 1245#-RD, rlse PSI, Rlse pkr, POOH w/pkr & tbg, take BOP off, put frac valve on. SDFN
- 09/07/03 RU Weatherford, Frac Y1 & Y2 w/150,460# 20/40 sand, 1466 bbls gelled fluid, max PSI 3050#, avg PSI 2643#, avg rate 24.6 BPM, 25 BPM on pad, 2820#, 24.7 BPM on sand 2550#, ISP 2330#, 5 min 2110#, 10 min 1998#, 15 min 1945#, RD, SDFN
- 09/08/03 RIH w/3-7/8" bit, tag @3180
- 09/09/03 LD work string, PU 4-1/2" inj pkr, run 98 jts 2-3/8" dual line tbg, take TOP off, flange well, circ 50 bbls pkr fluid, set pkr @3047', flange well up, leave csg valve open, RDMO, line up H-5 Test
- 09/11/03 Run H-5 test, test to 420# for 30 min, put back on inj @300 bbls per day.

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Barbara J. Bale

Title Regulatory Analyst

Signature

Barbara J. Bale

Date 09/17/03

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by (ORIG. SGD) DAVID R. GLASS

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.

Title

Date

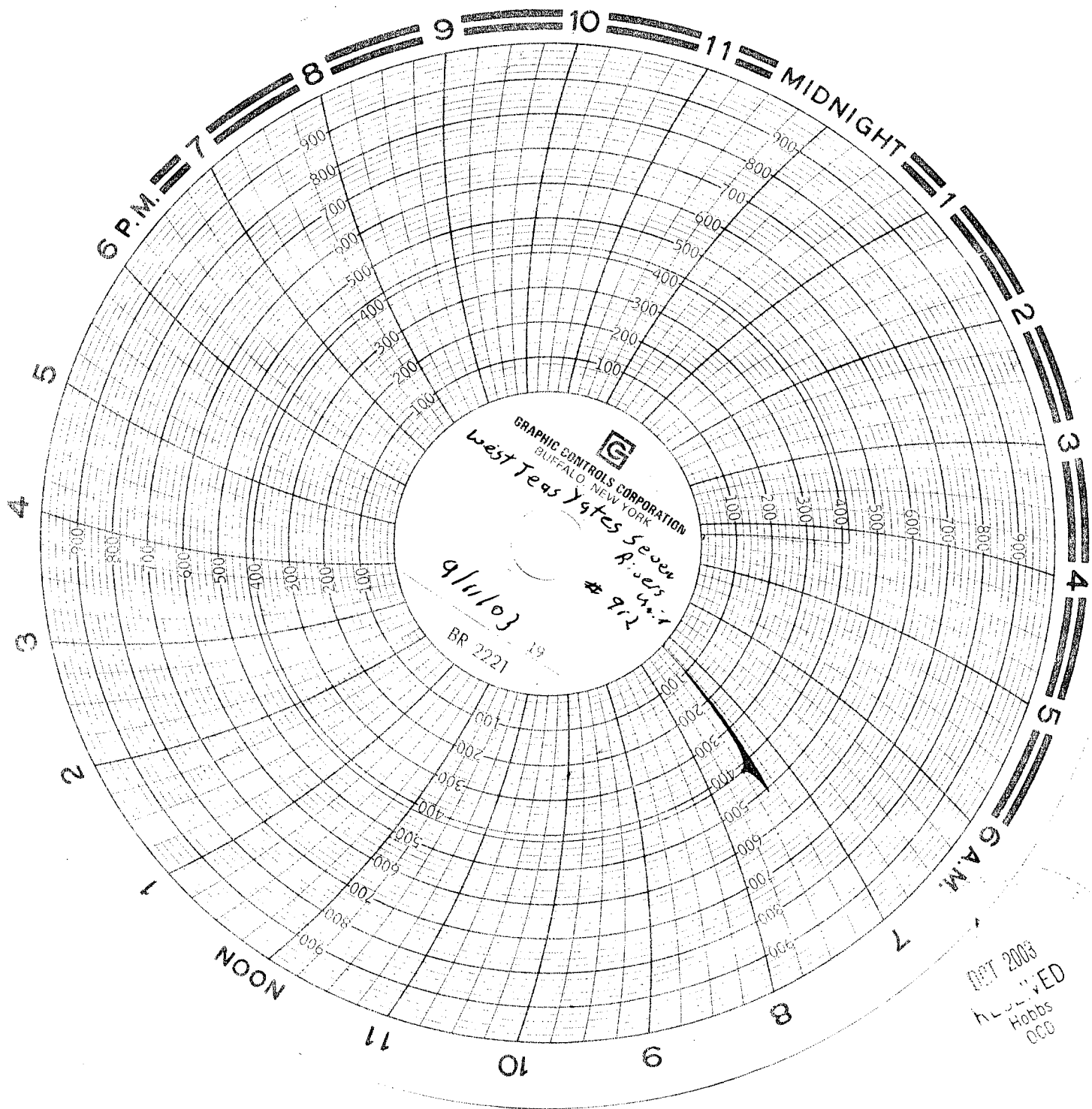
Office

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.

(Instructions on reverse)

GW

OCT 02 2003



OCT 2003
Hobbs
OCC