

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Chesapeake Operating, Inc.

3a. Address P. O. Box 18496

Oklahoma City, OK 73154-0496

3b. Phone No. (include area code)

(405) 848-8000

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

SE SW Sec 8-22S-33E

880' FSL & 1760' FWL

5. Lease Serial No.

NMNM24683

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.

Merchant Federal #1

9. API Well No.

30-025-36318

10. Field and Pool, or Exploratory Area

Permian Undesignated

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

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input type="checkbox"/> Other Spud     |
| <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | 13-3/8" Casing                          |
| <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            | 9-5/8" Csg                              |

**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.)**

08/25/03 Spud well w/Nabors Drlg Rig #311 @6:00 p.m.

08/27/03 Run 25 jts 13-3/8" 54.5# J-55 STC 9RD csg, set @1105', RD, RU cmt crew, cmt w/620 sx Lite Prem + additives, 12.4 PPG, 2.04 yield, tail w/200 sx Prem Plus + additives, 14.8 PPG, 1.34 yield, displace w/166 BFW, bump plug, float held, circ 70 bbls to surf, RD cmt crew, WOC, clean tanks, ND flow line, cut off cond & surf csg, weld on csg head, prepare to test

08/28/03 Test csg head to 650#, NU BOPs, test, replace leaking ring gasket, retest 250#-3000#, annular 250#-1500#, BLM witnessed,

09/04/03 Run total 101 jts 9-5/8" 40# K-55 LTD 8 RD csg, set @4600', RD, RU cmt crew, cmt w/800 sx Interfill C + Additives, 11.9 PPG, 2.45 uield, tail w/200 sx Prem Plus + additives, 14.8 PPG, 1.34 yield, displace w/358 BFW, bump plug, float held, WOC, RU WL truck, run temp survey, RD, ND BOP, set slips, cut off csg, NU B Section, test to 1500#,

09/05/03 NU BOPs & flow line, test BOPs & equip 250#-5000#, annular 250#-3500#, stand pipe & valves 250#-3000#, tag cmt @4530, PU kelly, break circ, drlg cmt, float collar

**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 09/18/03

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

Approved by (ORIG. SGD.) DAVID R. GLASS

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or beneficial 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.

(Instructions on reverse)

BWW

OCT 02 2003