(April 2004) DEPARTMENTOF THE INT BUREAU OF LAND MANAGE SUNDRY NOTICES SUNDRY NOTICES AND REPOR Do not use this form for proposals to di abandoned well. Use Form, 3160 - 3 (APD SUBMIT IN TRIPLICATE- Other instruct 1 Type of Well Oil Well Gas Well 2. Name of Operator BAD Operator CHESAPEAKE OPERATING, INC. 3b Address 3a Address 3b Address P.O. BOX 18496, OKLAHOMA CITY OK 73154-0496 3b Address	SMENT 5 Lease Serial No. NMNM 93034 NMNM 93034 Ill sor to reventer an stor, such proposals. 6. If Indian, Allottee or Tribe Name Stor, such proposals. 7. If Unit or CA/Agreement, Name and/or No.
2310' FSL 330' FEL (NESE) OF SEC 27-25S-37E	LEA COUNTY NM
12. CHECK APPROPRIATE BOX(ES) TO INI	DICATE NATURE OF NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent Acidize Notice of Intent Alter Casing Subsequent Report Casing Repair Change Plans D	Deepen Production (Start/Resume) Water Shut-Off Fracture Treat Reclamation Well Integrity New Construction Recomplete Other Plug and Abandon Image: Temporarily Abandon
following completion of the involved operations. If the operation result testing has been completed. Final Abandonment Notices shall be filed determined that the site is ready for final inspection.) CHESAPEAKE OPERATING, INC. REQUEST THEY BE CHESAPEAKE IS IN THE PROCESS OF EVALUATING PARTNERS IN THIS WELL TO GET THEIR APPROVAL ENOUGH TIME FOR THE EVALUATION, TESTING, AN	e Bond No. on file with BLM/BIA Required subsequent reports shall be filed within 30 days ts in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once only after all requirements, including reclamation, have been completed, and the operator has ALLOWED TO TEMPORARY ABANDON THIS WELL FOR 90 DAYS. A DIFFERENT ZONE. ALSO CHESAPEAKE IS CONTACTING THE L FOR TESTING THIS NEW ZONE. A 90 DAY TIME FRAME SHOULD BE ND GETTING PARTNERS AGREEMENT FOR THIS WELL. Submit NOI detailing
ATTENTION: ANDREA MASSENGILL	VA POSED WORK INF. THE EURC
BLM NATIONWIDE BOND NM2634. (CHK PN 891003)	After <u>2/2/2007</u> the well must be online or plans to P & A must be submitted.
14. Thereby certify that the foregoing is true and correct	
Name (Prinied/Typed) SHARON E. DRIES	Title SENIOR COMPLIANCE SPECIALIST III
Signature have E	
	DERAL OR STATE OFFICE USE
Approved by Conditions of approval, if any, are attached. Approval of this notice doe certify that the applicant holds legal or equitable title to those rights in th which would entitle the applicant to conduct operations thereon	e subject lease Office WESLEY W. INGRAM
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a cri States any false, fictitious or fraudulent statements or representations as t	me for any person knowingly and willfully to make to any department or agency of the Unit of any matter within its jurisdiction
(Instructions on page 2) GWW	······

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