

Form 3160-5 (February 2005)

## UNITED STATES DEPARTMENT OF THE INTERIOR MANAGEMENT BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No. 1004-0137 Expires: March 31, 2007

5. Lease Serial No NMNM56749

| SUNDRY NOTICES AND REPORTS Do not use this form for proposals to drill of abandoned well. Use Form 3160-3 (APD) for                                                                                                                                                                                                                                                                                                                                                          | rtore enter an 🐸 🕻                                                                                    | d If Indian, Allottee or Ti                                                                  | ribc Name                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------------|--|
| SUBMIT IN TRIPLICATE - Other Instructions on page 2.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | 7. If Unit of CA/Agreeme                                                                     | Unit of CA/Agreement, Name and/or No.                          |  |
| ✓ Oil Well Gas Well Other                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                       | 8. Well Name and No. FEDERAL USA L 3                                                         |                                                                |  |
| Name of Operator CHESAPEAKE OPERATING, INC. ATTN: LINDA GOOD                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                       | 9. API Well No.<br>30-025-30685                                                              | 9. API Well No.<br>30-025-30685                                |  |
| Ba. Address P O BOX 18496 OKLAHOMA CITY, OK 73154-0496  3b. Phone No. (include area code) 405-767-4275                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       | 10. Field and Pool or Exploratory Area TONTO, Seven Rivers                                   |                                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       | 11. Country or Parish, Sta<br>LEA COUNTY, NEW N                                              | 11. Country or Parish, State LEA COUNTY, NEW MEXICO            |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO                                                                                                                                                                                                                                                                                                                                                                                                                                         | INDICATE NATURE OF NOT                                                                                | TICE, REPORT OR OTHER                                                                        | DATA                                                           |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                           | TYPE OF ACTION                                                                                        |                                                                                              |                                                                |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Fracture Treat Re                                                                                     | oduction (Start/Resume)                                                                      | Water Shut-Off Well Integrity Other                            |  |
| Subsequent Report Change Plans                                                                                                                                                                                                                                                                                                                                                                                                                                               | Plug and Abandon Te                                                                                   | ecomplete<br>emporarily Abandon<br>later Disposal                                            |                                                                |  |
| 13. Describe Proposed or Completed Operation: Clearly state all pertinent deta<br>the proposal is to deepen directionally or recomplete horizontally, give sul<br>Attach the Bond under which the work will be performed or provide the B<br>following completion of the involved operations. If the operation results<br>testing has been completed. Final Abandonment Notices must be filed on<br>determined that the site is ready for final inspection.) ATTN: Jim Amos, | bsurface locations and measured<br>lond No. on file with BLM/BIA<br>in a multiple completion or recol | and true vertical depths of a<br>Required subsequent report<br>moletion in a new interval, a | ts must be filed within 30 days Form 3160-4 must be filed once |  |
| Chesapeake, respectfully, requests verbal approval of this P&A well. Well List so that we can be back in compliance.                                                                                                                                                                                                                                                                                                                                                         | Ve need for the Sundry Notice                                                                         | e to go to the OCD ASAP                                                                      | to remove this well from their                                 |  |
| 8/13/2008 MIRU, ND WELL HEAD, SET BOP.                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                              |                                                                |  |
| 8/14/2008 UNLOAD, RACK, TALLY, 115 JTS 2 3/8" WS, TIH W/114 JTS SAME, TAG PBTD @ 3629.96', CIR HOLE W/85 BBL 10# PLUG MUD.                                                                                                                                                                                                                                                                                                                                                   |                                                                                                       |                                                                                              |                                                                |  |
| 8/15/2008 TOOH W/WS, SET BOT @ 3167', RU RISING STAR, SET 25 SX PLUG CLASS C CMT W/2% CCL, POOH W/10 STRANDS WS, SHUT DOWN FOR 2 HRS, TIH, TAG @ 2884', POOH, BOT @ 1707', SPOT 25 SX CLASS C PLUG 2% CCL. TOOH W/10 STANDS.                                                                                                                                                                                                                                                 |                                                                                                       |                                                                                              |                                                                |  |
| 8/16/2008 TIH & TAG @ 1401.99' SET SURFACE PLUG 60'. RH CEMENTERS, RIG DOWN WELL SERVICE UNIT. PREP TO CLEAN LOCATION.                                                                                                                                                                                                                                                                                                                                                       |                                                                                                       |                                                                                              |                                                                |  |
| (CHK PN 890906)                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                       |                                                                                              |                                                                |  |
| 14. I hereby certify that the foregoing is true and correct.  Name (Printed/Typed)  LINDA GOOD  Title REGULATORY COM                                                                                                                                                                                                                                                                                                                                                         |                                                                                                       | COMPLIANCE SPECIALI                                                                          | ST                                                             |  |
| Signature Linda Good                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Date 08/21/2008                                                                                       | TACCED.                                                                                      | TEN FAD DECADA                                                 |  |
| THIS SPACE FOR F                                                                                                                                                                                                                                                                                                                                                                                                                                                             | EDERAL OR STATE C                                                                                     | OFFICE USEULE                                                                                | IED LOK VECOVD                                                 |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Title                                                                                                 | Da                                                                                           |                                                                |  |
| 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.                                                                                                                                                                                                                    |                                                                                                       |                                                                                              | AUG 2 2 Miles                                                  |  |
| 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 fictitious or fraudulent statements or representations as to any matter within its jurisdiction.                                                                                                                                                                                                                                                |                                                                                                       |                                                                                              | OF LAND MANAGEMENT                                             |  |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                       |                                                                                              | RLSBAD FIELD OFFICE                                            |  |