

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO.	30-025-36251 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	TRINITY BURRUS ABO UNIT ✓
8. Well Number	16 ✓
9. OGRID Number	147179 ✓
10. Pool name or Wildcat	TRINITY; WOLFCAMP ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3795 GR	
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>	
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____	
Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____	

SUNDRY NOTICES AND REPORTS ON WELLS
 (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS)

1. Type of Well: Oil Well Gas Well Other INJECTOR

2. Name of Operator
 CHESAPEAKE OPERATING, INC.

3. Address of Operator
 P.O. BOX 18496
 OKLAHOMA CITY, OKLAHOMA 73154

4. Well Location
 Unit Letter L : 1980 feet from the SOUTH line and 660 feet from the WEST line
 Section 23 Township 12S Range 38E NMPM County LEA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: CONVERT TO INJECTOR <input checked="" type="checkbox"/>	

13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Respectfully submit C-103. Convert to Injection.
 01/04/08: Re-perf @ 9014 - 9062' w/3jspf, 144 holes.
 01/07/08: Acdz w/5000 gal 15% HCl.
 01/10/08: Tubing - Production set @ 8962.0ftKB. Converted to Injection.

MIT chart previously submitted.

RECEIVED
 MAR 11 2008
HOBBS OCD

WFX - 831

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .

SIGNATURE Pat Richards TITLE Production Assistant DATE 03/06/2008

Type or print name Pat Richards E-mail address: pat.richards@chk.com Telephone No. (505)391-1462

For State Use Only

APPROVED BY: Chris Williams OC DISTRICT SUPERVISOR/GENERAL MANAGER TITLE DATE MAR 19 2008

Conditions of Approval (if any):

