Submit 3 Copies To Appropriate De Office District I	State of New Mexico		Form C-103 May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 District II		WELL API NO. 30-025-36251	
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
District III 1220 South St. Francis Dr.		STATE FEE X	
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
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.)			7. Lease Name or Unit Agreement Name Trinity Burrus Abo Unit
1. Type of Well: Oil Well X Gas Well Other			8. Well Number 16
2. Name of Operator Chesapeake Operating Inc.			9. OGRID Number 147179
3. Address of Operator P.O. Box 11050 Midland, TX 79702-8050			10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location			
Unit Letter L: 1980 feet from the South line and 660 feet from the West line			
Section 23	Township 12		NMPM CountyLea
	3795 GR	neiner DR, RKB, RI, GR, etc.)	
Pit or Below-grade Tank Applicati			· · · · · · · · · · · · · · · · · · ·
			ance from nearest surface water
Pit Liner Thickness:	mil Below-Grade Tank: Vo		nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
TEMPORARILY ABANDON PULL OR ALTER CASING	☐ CHANGE PLANS ☐ MULTIPLE COMPL	COMMENCE DRI	_
FOLL ON ALTER CASING	☐ MOLTIPLE COMPL	CASING/CEMENT	, JOB
OTHER:	completed operations (Clearly	OTHER: Change n	
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.			
Due to the completion and approval of the Burrus Water Flood, the lease name will change from Burrus 23 #1 to Trinity Burrus Abo			
Oint #10.	<b>20</b>		1000 1000 1000 1000 1000 1000 1000 100
	1421	•	9910111213742
OPER. OGRID NO. 35620 000 FRIV NO. 5900 7000			
OPER. OGNINO. 59590 72006 PROPERTY NO. 59590 72006			
PROPERTY NO. 5900 7 2006  PROPERTY NO. 5900			
PROLECODE WAY 36251			
POS	DATE 0.025. 300		
EFF	30.		05.0512.05.25.41.61.00
AP	, 140		2475262728
I hereby certify that the inform	nation above is true and comple	ete to the best of my knowledge	e 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 [X].			
SIGNATURE	William	TITLE Regulatory Assistant	DATE 06/13/2006
Type or print name Shay Strice For State Use Only	kin	E-mail address:sstricklin@ch	kenergy.com Telephone No. (432)687-2992
1	. 20.	STIGHTHIFT BUPERVISORY	GENERAL MAIVIO
APPROVED BY: Conditions of Approval (if an	<u>a Williams</u>	CONSTRICT SUPERVISOR/	DATJEN 1 5 2006