

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 APINO. 30-025-36450

5. Indicate Type of Lease  
STATE  FEE

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
TRINITY BURRUS ABO UNIT

8. Well Number 1B

9. OGRID Number 147179

10. Pool name or Wildcat  
TRINITY; WOLFCAMP

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

2. Name of Operator  
CHESAPEAKE OPERATING INC

3. Address of Operator  
PO BOX 190 HOBBS NM 88241

4. Well Location  
Unit Letter J : 1650 feet from the SOUTH line and 2300 feet from the EAST line  
Section 23 Township 12S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc)

Pit or Below-grade Tank Application  or Closure   
Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest freshwater well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

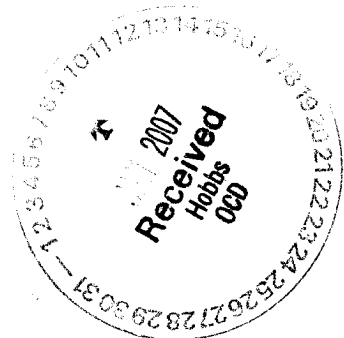
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:  
PERFORM REMEDIAL WORK  PLUG AND ABANDON   
TEMPORARILY ABANDON  CHANGE PLANS   
PULL OR ALTER CASING  MULTIPLE COMPL   
OTHER:

SUBSEQUENT REPORT OF:  
REMEDIAL WORK  ALTERING CASING   
COMMENCE DRILLING OPNS.  P AND A   
CASING/CEMENT JOB   
OTHER: MIT

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.

RAW MIT FOR 30 MINUTES @ 650 PSI - TEST OK.  
ORIGINAL CHART ATTACHED.



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 Elizabeth Bohanan TITLE Production Assistant DATE 1-5-07

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

APPROVED BY: Larry W. Wink OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE JAN 10 2007  
Conditions of Approval (if any): \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Chesapeake Oper.  
Trinity Bureau ABoV #18  
J. 23.12.38

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

10-13-06  
BR 2221

Initial test  
Start 650#  
Fin 650#  
Time 32 min  
C. Longaker  
J. 23.12.38

Initial test

