

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
 June 19, 2008

RECEIVED

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

HOBBSOCD

WELL API NO.	30-025-36566 ✓
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> Fee ✓
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Trinity Burrus ABO Unit - TBAU ✓
8. Well Number	20 ✓
9. OGRID Number	147179 ✓
10. Pool name or Wildcat	Trinity; Wolfcamp ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3801 GR

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 Water Injection

2. Name of Operator CHESAPEAKE OPERATING, INC.

3. Address of Operator P.O. BOX 18496
 OKLAHOMA CITY, OK 73154-0496

4. Well Location
 Unit Letter K 0 : 1650 ⁹⁹⁰ feet from the SOUTH line and 2310 ²¹⁷⁰ feet from the WEST line
 Section 22 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"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Packer Repair and MIT <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.

Chesapeake Operating respectfully submits MIT chart. Packer was repaired and MIT run.

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 AUG 03 2009
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Spud Date: Rig Release Date:

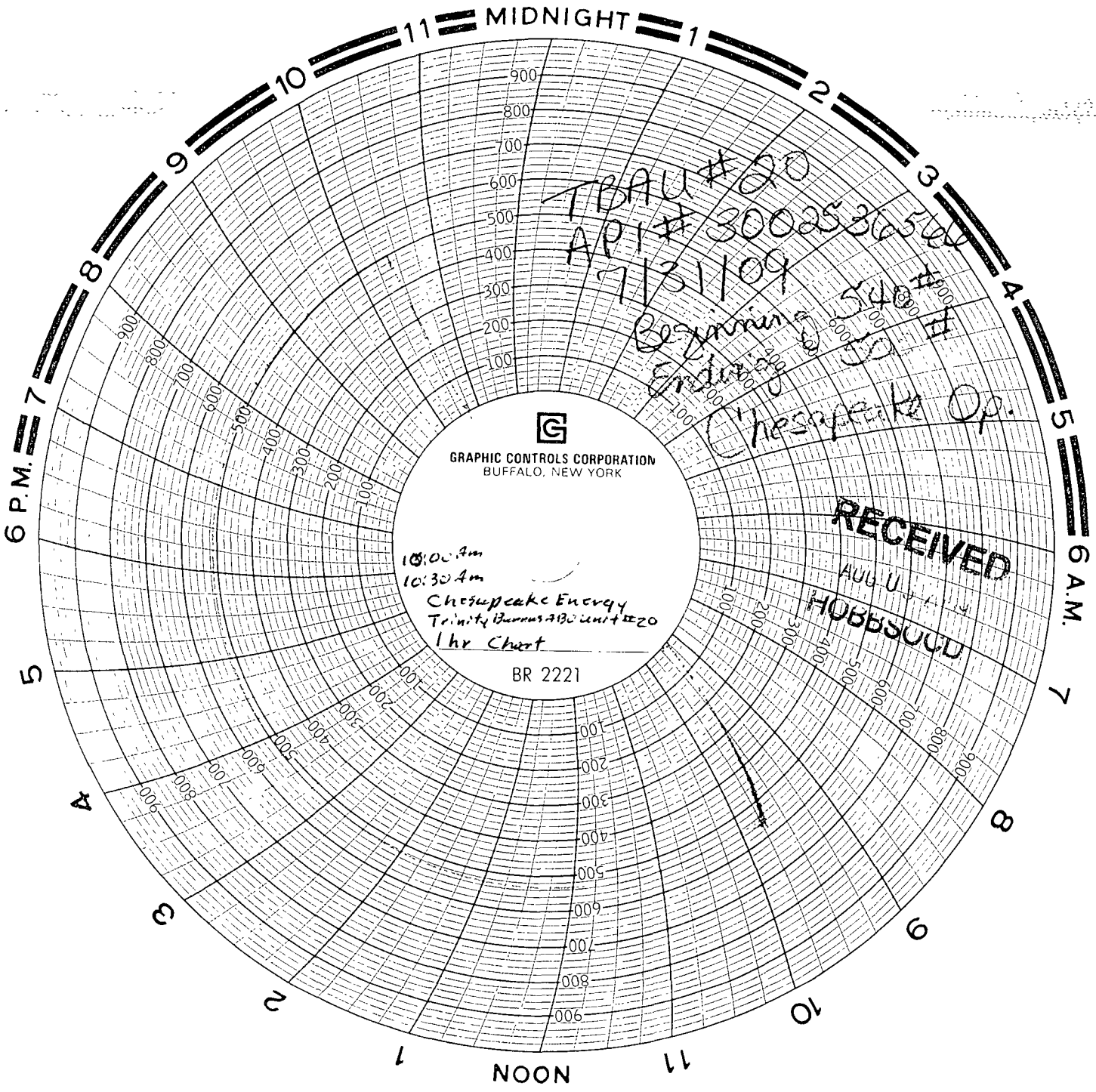
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Pat Richards TITLE Production Assistant DATE 07/30/2009

Type or print name Pat Richards E-mail address: pat.richards@chk.com PHONE: (575)391-1462

For State Use Only
 APPROVED BY: Camille Hill TITLE DISTRICT 1 SUPERVISOR DATE AUG 04 2009

Conditions of Approval (if any):



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

10:00 Am
10:30 Am
Chesapeake Energy
Trinity Bureau #100 unit #20
1 hr Chart

BR 2221

TBAU #20
API # 3002536500
7131109
Beginning
Ending
Chesapeake Op.

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AUG 11 1994
HOBBSOUD

Tester: Manuel D. Jr.
Testmeter Calibration: 3-19-09 every 6 months