

Submit 1 Copy 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  
October 13, 2009

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

|  |  |   |
|--|--|---|
| <b>SUNDRY NOTICES AND REPORTS ON WELLS</b><br>(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.)  |  | WELL API NO.<br>30-025-36251 ✓  |
| 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other water injection well ✓  |  | 5. Indicate Type of Lease<br>STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓ |
| 2. Name of Operator<br>Chesapeake Operating, Inc. ✓  |  | 6. State Oil & Gas Lease No.  |
| 3. Address of Operator<br>P.O. Box 18496<br>Oklahoma City, OK 73154-0496   |  | 7. Lease Name or Unit Agreement Name<br>Trinity Burrus Abo Unit ✓                                     |
| 4. Well Location<br>Unit Letter <u>L</u> : 1980 feet from the <u>South</u> line and <u>660</u> feet from the <u>West</u> line<br>Section <u>23</u> Township <u>12S</u> Range <u>38E</u> NMPM County <u>Lea</u> |  | 8. Well Number<br>16 ✓  |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3795' GR   |  | 9. OGRID Number<br>147179 ✓   |
|  |  | 10. Pool name or Wildcat<br>Trinity; Wolfcamp ✓   |

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: Replaced Intermediate valve ☒

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Chesapeake respectfully submits the following corrective action in refence to LOV dated 12/17/10.

On 12/29/11 a new intermediate valve was installed and witnessed by Sylvia Dickey with the NMOCD.

RECEIVED

FEB 18 2011

HOBBSOCD

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 02/18/2011

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

**For State Use Only**

APPROVED BY: [Signature] TITLE STAFF NGR DATE 2-21-2011

Conditions of Approval (if any):