

Submit 1 Copy To Appropriate District Office  
 District I  
 1625 N. French Dr., Hobbs, NM 88240  
 District II  
 1301 W. Grand Ave., Artesia, NM 88213  
 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

**RECEIVED**  
 CONSERVATION DIVISION  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505  
 JAN 06 2011  
 HOBBS

WELL API NO. 30-025-36038
5. Indicate Type of Lease STATE <input 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 11
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

4. Well Location  
Unit Letter K : 1650' feet from the South line and 2310' feet from the West line  
Section 22 Township 12S Range 38E NMPM County Lea

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A. <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: Clean Out Fill/Run 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Please find the work performed on this well from 12/17/10 through 12/23/2010.

MIRU well service. NDWH/NUBOP. Release pkr. TIH to tag @ 9030'. POH w/tbg & pkr. TIH/w bit & assembly & tagged up @ 9016'. Cleaned out well-bore to 9150'. Circ. clean. TOH w/assembly. MIRU Hydro-testers. TIH w/pkr & tbg. All tested good. RDMO testers: Set pkr @ 8963', top of perforations are at 9030'. Called Mr. Maxey Brown w/NMOCD to witness MIT & Mr. Brown gave approval to run test and submit chart. Tested to 540 PSI for 30 min. Tested good. RDMO. Please find attached MIT chart and current well-bore diagram.

Spud Date:  Rig-Release Date:

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

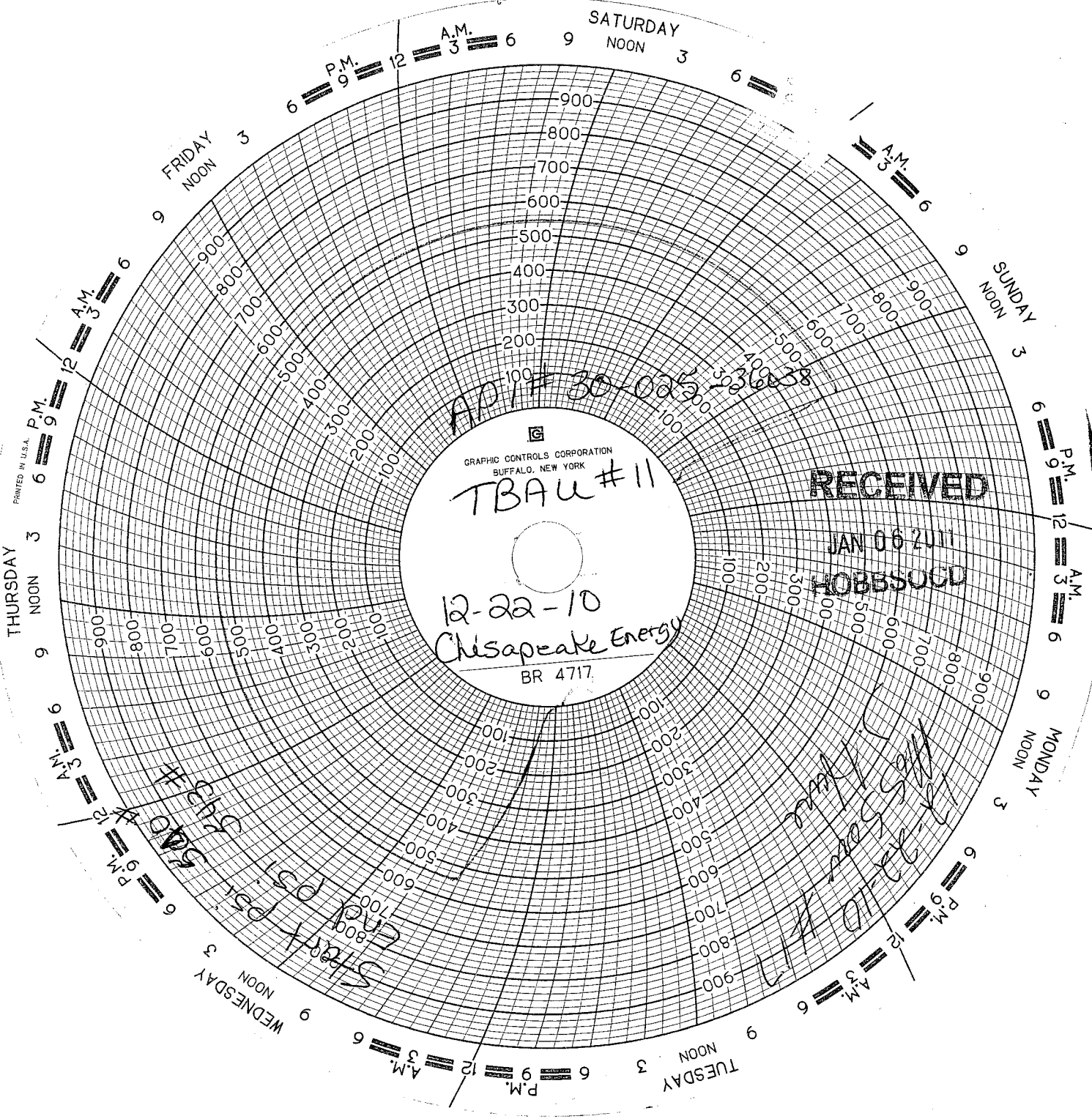
SIGNATURE Bryan Arrant TITLE Sr. Regulatory Compl. Sp. DATE 01/04/2010

Type or print name Bryan Arrant E-mail address: bryan.arrant@chk.com PHONE: (405)935-3782

**For State Use Only**

APPROVED BY: [Signature] TITLE STATE MGR DATE 1/6/2011

Conditions of Approval (if any):



PRINTED IN U.S.A.

THURSDAY

FRIDAY

SATURDAY

SUNDAY

MONDAY

TUESDAY

WEDNESDAY

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

TBAU #11

12-22-10  
Chisapeake Energy  
BR 4717

RECEIVED

JAN 06 2011

HOBBSCOCH

Handwritten notes and signatures in the bottom right quadrant of the chart.

Handwritten notes and signatures in the bottom left quadrant of the chart.