Submit 3 Copies To Appropriate District Office	State of New Mexico		Form C-103		
District I	Energy, Minerals and Natural Resources		May 27, 2004 WELL API NO.		
2625 N. French Dr., Hobbs, NM 88240 District II		30-025-36187			
1301 W. Grand Ave., Artesia, NM 88210 OIL CONSERVATION DIVISION District III 1220 South St. Francis Dr.		5. Indicate T	ype of Lease		
1000 Rio Brazos Rd Aztec NM 87410		STATI			
District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505	Santa F	Fe, NM 87505	6. State Oil &	c 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 Gas Well OtherWater Injection			8. Well Num	8. Well Number 7	
Name of Operator Chesapeake Operating Inc.				9. OGRID Number 147179	
3. Address of Operator P.O. Box 11050 Midland, TX 79702-8050			ſ	10. Pool name or Wildcat Trinity; Wolfcamp	
4. Well Location					
Unit Letter C:	feet from the	North line and 2	feet feet	t from the West line	
Section 27	Township 12		NMPM	CountyLea	
The state of the s	3489 GR	vhether DR, RKB, RT, GR, etc	:.)		
Pit or Below-grade Tank Application	***	earest fresh water well Di	-4		
Pit typeDepth to Groundv Pit Liner Thickness: mil				<u> </u>	
		ndicate Nature of Notice	Construction Materi		
PERFORM REMEDIAL WORK TEMPORARILY ABANDON PULL OR ALTER CASING OTHER:	CHANGE PLANS MULTIPLE COMPL	N	RILLING OPNS. [NT JOB [Z X	
				dates, including estimated date iagram of proposed completion	
Due to the completion and approve	al of the Burrus Water Flo	ood lease name will change fr	om Burrus #7 to	Trinity Burrus Abo Unit #7.	
22/23/24/25/26/27/28/20/26/20/26/20/26/20/20/20/20/20/20/20/20/20/20/20/20/20/	OPER. OX PROPER POOL CO	ODE 59890 MAY 01200 ATE 20.025.36	6 87		
I hereby certify that the information grade tank has been/will be constructed o					
SIGNATURE	Hicklin	TITLE Regulatory Assistant		DATE 06/13/2006	
Type or print name Shay Stricklin For State Use Only		E-mail address:sstricklin@o		Telephone No. (432)687-2992	
APPROVED BY: Conditions of Approval (if any):	Ellian	TITLE OF DISTRICT SUPERVIS	or/general M	MANAGER DATHUN 1 5 2006	