Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources	WELL API NO.
District II 1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-025-36313
District III	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE X
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROP DIFFERENT RESERVOIR. USE "APPL	ΓICES AND REPORTS ON WELLS OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A LICATION FOR PERMIT" (FORM C-101) FOR SUCH	7. Lease Name or Unit Agreement Name Trinity Burrus Abo Unit
PROPOSALS.)  1. Type of Well: Oil Well X Gas Well C Other		8. Well Number 8
2. Name of Operator Chesapeake Operating Inc.		9. OGRID Number 147179
3. Address of Operator P.O. Box 11050 Midland, TX 79702-8050		10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location		
	: 330 feet from the North line and	
Section 27	Township 12S Range 38E  11. Elevation (Show whether DR, RKB, RT, GR	NMPM CountyLea
	3793 GR	
Pit or Below-grade Tank Application  Pit type Depth to Ground	or Closure	Distance from nearest surface water
Pit Liner Thickness: m		; Construction Material
12. Check	Appropriate Box to Indicate Nature of Not	ice. Report or Other Data
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL \ CHANGE PLANS COMMENCE	E DRILLING OPNS. P AND A
OTHER:	☐ OTHER:Cha	nge name
13. Describe proposed or con	pleted operations. (Clearly state all pertinent detail	ls, and give pertinent dates, including estimated date s: Attach wellbore diagram of proposed completion
•	val of the Burrus Water Flood the lease name will ch	nange from Burrus #8 to Trinity Burrus Abo Unit
	$\sim 2$	
	142177	
OPER. OGR	11DNO. 35/23/2	00212223242526
PROPERTY	698 90 + 2006	
POOL COT	XE MAI VI	Ta San San San San San San San San San Sa
EFF. DAT	30.025-36313	<u></u>
AFI NO.	30.00	4
		(c)
		25 26 27 1201 68 L 99 4 6 6 7 7 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
I hereby certify that the information grade tank has been/will be constructed	on above is true and complete to the best of my know or closed according to NMOCD guidelines , a general period	mit 🗌 or an (attached) alternative OCD-approved plan 🛛.
SIGNATURE	TITLE Regulatory Assis	DATE 06/13/2006
Type or print name Shay Strickling For State Use Only	E-mail address: sstrickli	
(Bai)		
APPROVED BY:	Welliam TITLE	VISOR/GENERAL MANAGÉR