Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Reso	Form C-103 burces May 27, 2004
1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-36427
District II 1301 W. Grand Ave., Artesia, NM 88210		ION 5 Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE X
<u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505 SUNDRY NO	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROP	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK LICATION FOR PERMIT" (FORM C-101) FOR SUCH	TO A Trinity Burrus Abo Unit
1. Type of Well: Oil Well X	Gas Well Other	8. Well Number 17
2. Name of Operator Chesapeake	e Operating Inc.	9. OGRID Number 147179
3. Address of Operator P.O. Bo	x 11050 l, TX 79702-8050	10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location	A Alexandra de la Companya de la Com	
Unit Letter K: 1650 feet from the South line and 1650 feet from the West line		
Section 23	Township 12S Range 38	
3793 GR Pit or Below-grade Tank Application or Closure		
	waterDistance from nearest fresh water well_	Distance from nearest surface water
Pit Liner Thickness: m		bbls; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON	=	ENCE DRILLING OPNS. P AND A
PULL OR ALTER CASING	MULTIPLE COMPL 🗆 CASIN	G/CEMENT JOB
OTHER:	□ ОТНЕ	R:Change name
		details, and give pertinent dates, including estimated date letions: Attach wellbore diagram of proposed completion
•	val of the Burrus Water Flood the lease name v	will change from Burrus 23 #2 to Trinity Burrus Abo
Oint #17.	.00	
	1 12 10	
OPER OGRIPANO. 13/3/2013/1/3/3/21/37 PROPERTY DATE 30.075.3/21/3/21/3/21/3/21/3/21/3/21/3/21/3/21		
OG FILD	50000000	
SOER GAVIS	36	
O' GOPE CODE	25	
Production of the	D.D.	
Po Con	3/	
E. WO	•	
r		
I hereby certify that the information grade tank has been/will be constructed	n above is true and complete to the best of my or closed according to NMOCD guidelines , a gener	knowledge and belief. I further certify that any pit or belowal permit or an (attached) alternative OCD-approved plan .
SIGNATURE CONTRACTOR		
Type or print name Shay Strick in	TITLE Regulatory	Assistant DATE 06/13/2006
For State Use Only		Assistant DATE 06/13/2006 ricklin@chkenergy.com Telephone No. (432)687-2992