Salomit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240	State of New Mexico Energy, Minerals and Natural Resources	Form C-103 May 27, 2004 WELL API NO.
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	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505	30-025-36812  5. Indicate Type of Lease STATE X FEE  6. State Oil & Gas Lease No.
(DO NOT USE THIS FORM FOR PROPODIFFERENT RESERVOIR. USE "APPL	TCES AND REPORTS ON WELLS DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION 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  Other	8. Well Number 14
2. Name of Operator Chesapeake	Operating Inc.	9. OGRID Number 147179
3. Address of Operator P.O. Box		10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location		
Unit Letter C: 217 feet from the North line and 2417 feet from the West line  Section 22 Township 22S Range 38E NMPM CountyLea		
Section 22	Township 22S Range 38E  11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3817 GR	
Pit or Below-grade Tank Application or Closure		
		ance from nearest surface water
	Appropriate Box to Indicate Nature of Notice,	nstruction Material
NOTICE OF INTENTION TO:  PERFORM REMEDIAL WORK  PLUG AND ABANDON  REMEDIAL WORK  ALTERING CASING  PLUG AND ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS. PAND A  PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB    OTHER: OTHER: OTHER: Change name  X  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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.  Due to the completion and approval of the Burrus Water Flood the lease name will change from State 22 #2 to Trinity Burrus Abo Unit #14.		
OPER. OGRID NO. 147179  PROPERTY NO. 35626  POOL CODE 59890  EFF. DATE MAY 012006  API NO. 30.025.3 b812  I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE SOLUTION	TITLE Regulatory Assistant	DATE 06/13/2006
Type or print name Shay Stricklin For State Use Only	E mail addrage estricklin@ch	skenergy com Tolombono No. (422)697 2002
APPROVED BY: Conditions of Approval (if any):	Illelliams TITLE  OCUSTRICT SUPERVISOR/GE	WERAL MANAGETTE 5 2006