

Submit 3 Copies To Appropriate District Office

District I

1625 N. French Dr., Hobbs, NM 88240

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

State of New Mexico  
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

WELL APINO

3002636451

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

TRINITY BURRUS ABO UNIT

8. Well Number

5

9. OGRID Number

147179

10. Pool name or Wildcat

TRINITY ; WOLF CAMP

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 ☐

2. Name of Operator

CHESAPEAKE OPERATING INC

3. Address of Operator

P.O. Box 190 HOBBS, NM 88241

4. Well Location

Unit Letter F : 2310 feet from the NORTH line and 1650 feet from the WEST line  
Section 23 Township 12 S Range 38 E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

3798 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest freshwater well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ 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 ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: MIT ☒

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.

RAN MIT FOR 30 MINUTES @ 705 PSI - TEST OK  
ORIGINAL CHART ATTACHED

WFX

R-12496

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

Elizabeth Bohanan

TITLE

Production Assistant

DATE

12-21-06

Type or print name

E-mail address:

Telephone No.

For State Use Only

APPROVED BY:

Larry W. Wink

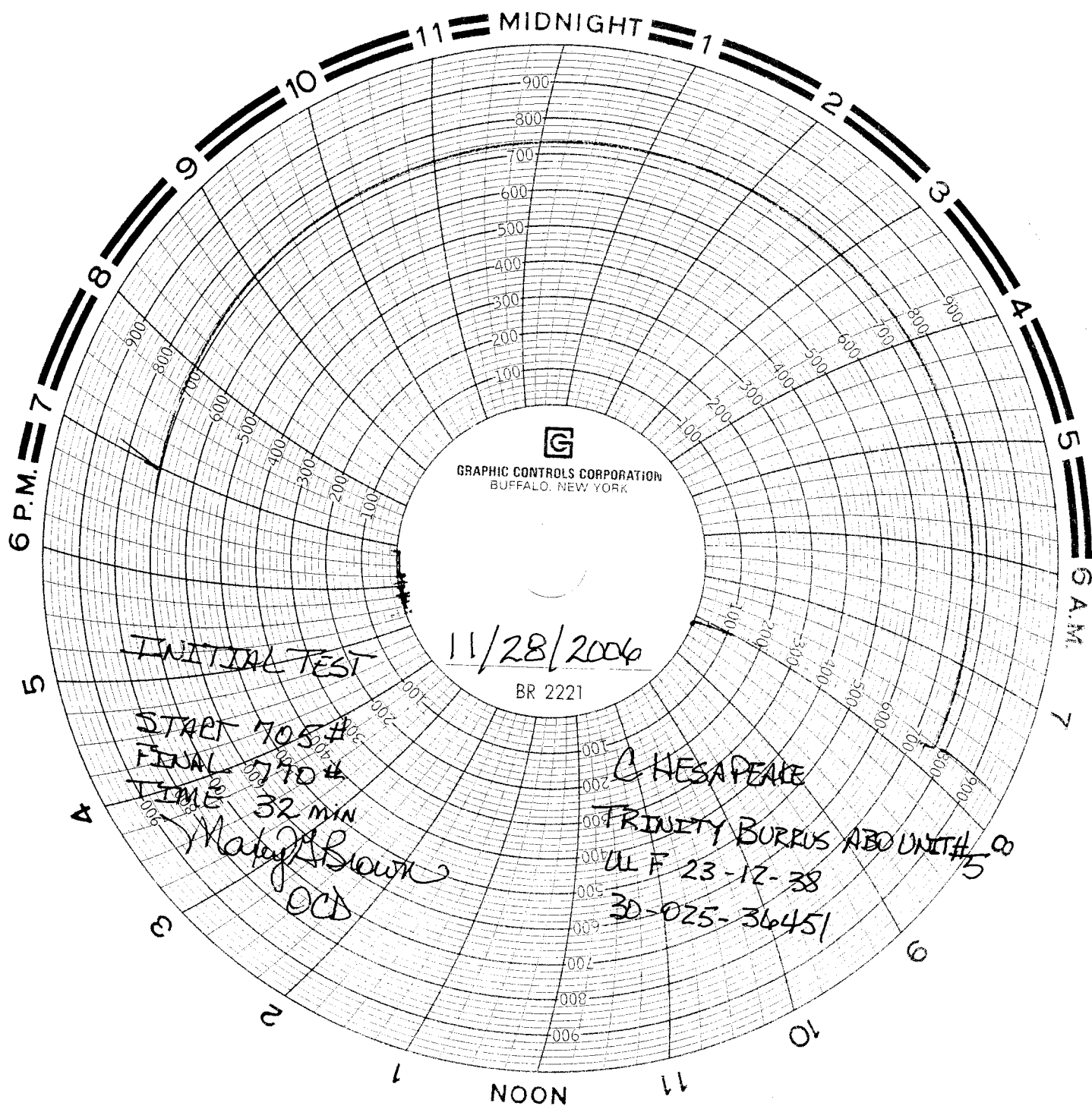
TITLE REPRESENTATIVE W/STAFF MANAGER

DATE

Conditions of Approval (if any):

DEC 26 2006





GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

11/28/2006

BR 2221

INITIAL TEST

START 705#

FINAL 570#

TIME 32 MIN

Mary Brown

OCD

CHESAPEAKE

TRINITY BURRUS ABO UNIT# 5

UL F 23-12-38

30-025-36451