

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 API NO.

30-025-36038

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

11

9. OGRID Number

147179

10. Pool name or Wildcat

TRINITY; WOLFCAMP

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 WATER INJECTION

2. Name of Operator

CHESAPEAKE OPERATING INC

3. Address of Operator

PO BOX 190 HOBBS, NM 88241

4. Well Location

Unit Letter K : 1650 feet from the SOUTH line and 2310 feet from the WEST line  
Section 22 Township 13S Range 38E NMPM County LEA

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

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 ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

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

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 @ 500 PSI- TEST OK  
ORIGINAL CHART ATTACHED.

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

1-5-07

Type or print name

E-mail address:

Telephone No.

For State Use Only

OCD FIELD REPRESENTATIVE II/STAFF MANAGER

APPROVED BY:

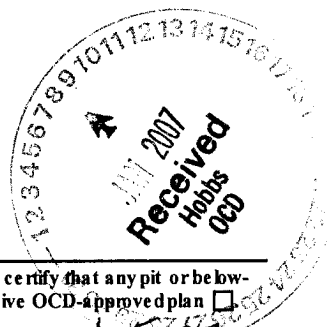
Larry W. Wink

TITLE

DATE

JAN 10 2007

Conditions of Approval (if any):



Chesapeake Oper  
Trinity Burkus About #11  
K. 22.1238

Initial test  
Start Ps 470#  
Fin " 490#  
Time 32 min  
[Signature]

GRAPHIC CONTROLS CORPORATION  
BUFFALO, NEW YORK

10-5-06  
BR 2221

L. Start  
[Signature]