

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

Form C-103
May 27, 2004

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

WELL API NO.	30-025-35188
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	Trinity Burrus Abo Unit
8. Well Number	2
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

2. Name of Operator
Chesapeake Operating, Inc.

3. Address of Operator
P.O. Box 190
Hobbs, NM 88241

4. Well Location
Unit Letter P : 900 feet from the South line and 600 feet from the East line
Section 22 Township 12S Range 38E NMPM County Lea

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3797 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water 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: ☐

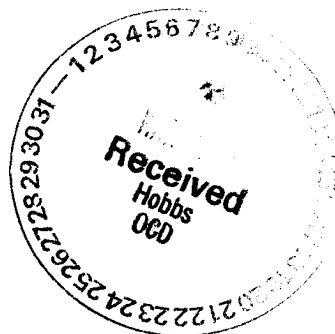
SUBSEQUENT REPORT OF:

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.

Initial Test Convert to Injection. Ran MIT for 30 minutes at 435 PSI. Good test. 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 03/08/2007

Type or print name Elizabeth Bohanan

E-mail address: ebohanan@chkenergy.com

Telephone No. (505)391-1462

For State Use Only

APPROVED BY: Chris Williams

TITLE

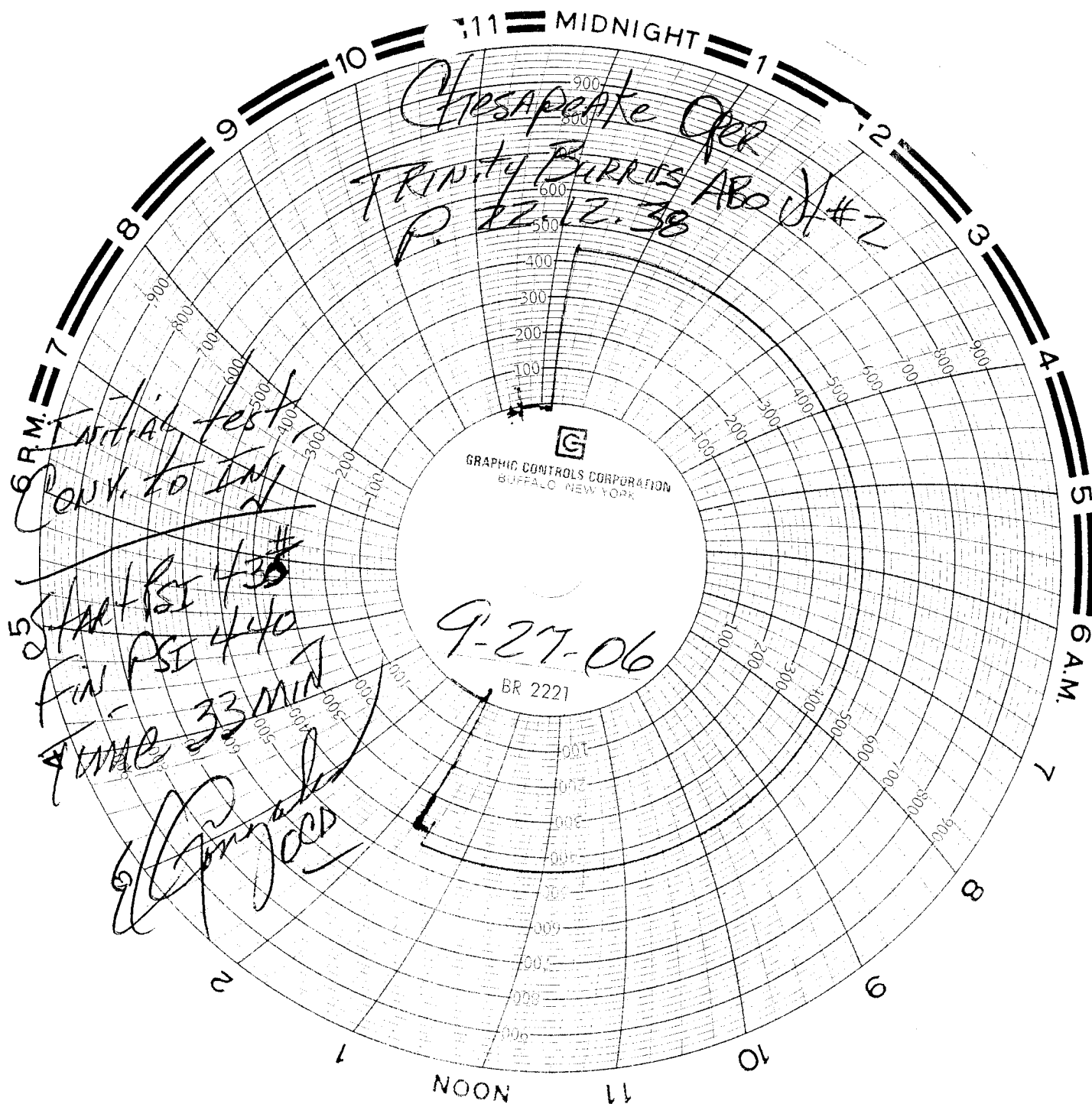
Conditions of Approval (if any): Please see e-mail

DISTRICT SUPERVISOR/GENERAL MANAGER

DATE

Chris Williams
District Supervisor

MAR 19 2007



Williams, Chris, EMNRD

From: Williams, Chris, EMNRD
To: ebohanan@chkenergy.com
Cc:
Subject:
Attachments:

Sent: Fri 3/16/2007 10:39 AM

In reviewing a sundry notice dated 3/08/2007, the test for the MIT looks OK, but I need to know where the packer was set. Also, I need to know when the 4" liner was set in this well. We have no information on the liner tops or bottom. The waterflood expansion order (R12496) shows an injection interval of 9098-9506.

Chris Williams
District 1 Supervisor