

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
OCD

Form C-103
May 27, 2004

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)		WELL API NO. 30-025-36018
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Water injection well <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Chesapeake Operating Inc.		6. State Oil & Gas Lease No.
3. Address of Operator 2010 Rankin Hwy Midland, TX 79701		7. Lease Name or Unit Agreement Name Trinity Burrus Abo Unit
4. Well Location Unit Letter H : 2310 feet from the North line and 990 feet from the East line Section 22 Township 12S Range 38E NMPM County Lea		8. Well Number 13
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3799 GR		9. OGRID Number 147179
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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:

SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

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

OTHER: ☐

OTHER: Water injection well ☒

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.

3/14/07. MIRU Mesa WS, attempt to release pkr, not set, ND wellhead, NO BOP, POOH w/tbg and pkr, MIRU WL, RIH w/fishing tools, rec fish and logging tools.

3/15/07. RIH w/fiberlined 2 3/8 tbg, set and release pkr, ND BOP, NU wellhead, circ 100 bbls pkr fluid down backside, set pkr @ 4 pts tension, load csg, run MIT to 500# for 30 mins, good. RDMO.

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 NM OCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☒.

SIGNATURE Shay Stricklin TITLE Regulatory Tech. DATE 03/15/2007

Type or print name Shay Stricklin E-mail address: sstricklin@chkenergy.com Telephone No. (432)687-2992

For State Use Only

APPROVED BY Shay Stricklin TITLE _____ DATE AUG 07 2007

Conditions of Approval (if any):

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<p>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.)</p>		<p>WELL API NO. 30-025-36018</p>
<p>1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/> Water Injection</p>		<p>5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/></p>
<p>2. Name of Operator Chesapeake Operating, Inc.</p>		<p>6. State Oil & Gas Lease No.</p>
<p>3. Address of Operator P.O. Box 190 Hobbs, NM 88241</p>		<p>7. Lease Name or Unit Agreement Name Trinity Burrus Abo Unit</p>
<p>4. Well Location Unit Letter H : 2310 feet from the North line and 990 feet from the East line Section 22 Township 12S Range 38E NMPM County Lea</p>		<p>8. Well Number 13</p>
<p>11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3799 GR</p>		<p>9. OGRID Number 147179</p>
<p>Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/></p>		<p>10. Pool name or Wildcat Trinity; Wolfcamp</p>
<p>Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____</p>		
<p>Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____</p>		

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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 at 560 PSI. Good test. Original chart is attached.

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 03/20/2007

Type or print name Elizabeth Bohanan

E-mail address: ebohanan@chkenergy.com

Telephone No. (505)391-1462

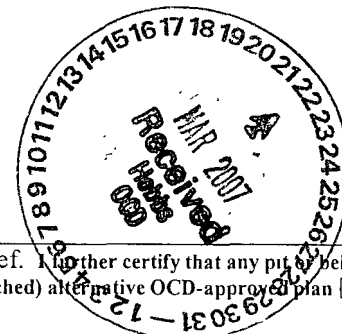
For State Use Only

APPROVED BY: Gary W. Wink

TITLE

DATE

Conditions of Approval (if any):



OCD FIELD REPRESENTATIVE II/STAFF

AUG 07 2007

