State of New Mexico Ontice On			Form C-103 May 27, 2004	
Obtaid 1 1623 N. French Dr., Hobbs NN 88249 District II	82.47)		WELL API NO	
1501 W. Grand Ave. Artesia, NM 88210 O. District III	OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		5. Indicate Typ STATE	
1000 Rio Britzos Rd. Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Le, NM			6. State Oil & C	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DEFFERENT RESERVOIR—USE "APPLICATION 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			8. Well Number 10	
2. Name of Operator Chesapeake Operating Inc.			9. OGRID Number 147179	
3. Address of Operator 2010 Rankin Hwy Midland, TX 79701			10 Pool name or Wildcat Trinity: Wolfcamp	
4. Well Location Unit Letter 1 : 2135	feet from the South	line and 1300		rom the East line
Section 22	Township 12S R	ange 38k	NMPM	CountyLea
38	evation <i>(Show whether DR</i> 02 GR	, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application or Closure Pit type Depth to Groundwater		vater well Dista:	ace from nearest su	rface water
Pit Liver Thickness: mil Below				
	iate Box to Indicate N			
* * *			•	
NOTICE OF INTENTI	EQUENT R	ALTERING CASING		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERIN TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. PAND A				
PULL OR ALTER CASING MULTI	PLE COMPL.	CASING/CEMENT	JOB 🗌	
OTHER:Extend drilling permit for 1 year	X	OTHER:		[]
13. Describe proposed or completed ope of starting any proposed work). SEI or recompletion.	rations. (Clearly state all	pertinent details, and	give pertinent do	ites, including estimated date
Chesapeake, respectfully, request extension	of this permit for 1 year.			
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	0		,	
	Expire	4/7.	7/08)
I hereby certify that the information above is grade tank has been/will be constructed or closed accounts.	true and complete to the b	est of my knowledge	and belief. I furt an (attached) alter	ther certify that any pit or below- rnative OCD-approved plan
SIGNATURE DATE	MITTLE Re	gulatory Tech.	parameter at annual parameter (m. 1973) per 1	DATE <u>07/</u> 27/2007
Type or print name Shay Stricklin For State Use Only	E-mail ac	ldress:sstricklin@chk	energy.com	Felephone No. (432)687-2992
M. · Mala	OC DI	STRICT SUPERVISO	R/GENIEDAL .	MANAGER AUG 1- 2 2007
APPROVED BY: Conditions of Approval (if any);	TITLETITLE		OF LAEKOT V	WHATER A SUM