

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.	30-025-35817
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	4
9. OGRID Number	147179
10. Pool name or Wildcat	TRINITY; WOLFCAMP

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 \_\_\_\_\_

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 18496  
OKLAHOMA CITY, OK 73154

4. Well Location  
Unit Letter I : 2310 feet from the SOUTH line and 1210 feet from the EAST line  
Section 22 Township 12S Range 38E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3800 GR

NOV 19 2007

OCD-ARTESIA

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

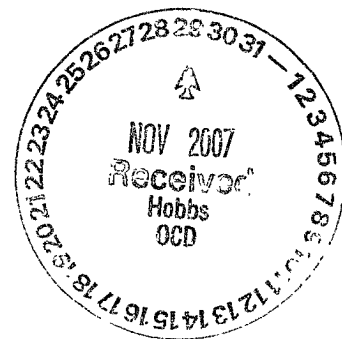
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: MIT ☐ TA ☒

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.

RESPECTFULLY SUBMIT C-103. RAN MIT FOR 30 MINUTES AT 500 PSI. GOOD TEST. ORIGINAL CHART ATTACHED.



Expires 11-05-12

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 11/14/2007  
Type or print name ELIZABETH BOHANAN E-mail address: ebohanan@chkenergy.com Telephone No. (505)391-1462  
For State Use Only  
APPROVED BY: Harry W. Wink JC FIELD REPRESENTATIVE II/STAFF MANAGER  
Conditions of Approval (if any): TITLE \_\_\_\_\_ DATE DEC 04 2007

