

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010SUNDRY NOTICES AND REPORTS ON WELLS FEB 10 2009
Do not use this form for proposals to drill or to re-enter an
abandoned well. Use form 3160-3 (APD) for such proposals.

HOBBSOCD

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. FEE
2. Name of Operator CHESAPEAKE OPERATING INC		6. If Indian, Allottee or Tribe Name
Contact: LINDA GOOD E-Mail: linda.good@chk.com		7. If Unit or CA/Agreement, Name and/or No. NMNM116169X
3a. Address P O BOX 18496 OKLAHOMA CITY, OK 73154-0496	3b. Phone No. (include area code) Ph: 405-767-4275	8. Well Name and No. TRINITY BURRUS ABO UNIT 01
4. Location of Well (Footage, Sec., T, R, M., or Survey Description) Sec 22 T12S R38E SWSE 900FSL 1859FEL		9. API Well No. 30-025-34922-00-S1
		10. Field and Pool, or Exploratory TRINITY WOLFCAMP
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Site Facility Diagram/Security Plan
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

PLEASE FIND THE ATTACHED UPDATED DIAGRAM FOR TBAU 1.

(CHK PN 890677)

Accepted for Record Purposes.
Approval Subject to Onsite Inspections.
Date: 2/2/09

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #66766 verified by the BLM Well Information System For CHESAPEAKE OPERATING INC, sent to the Hobbs Committed to AFMSS for processing by KURT SIMMONS on 02/02/2009 (09KMS0438SE)	
Name (Printed/Typed) LINDA GOOD	Title REGULATORY COMPLIANCE SPEC.
Signature (Electronic Submission)	Date 01/29/2009

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	DUNCAN WHITLOCK	Date 02/02/2009
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Title LEAD PET	
	Office Hobbs	

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

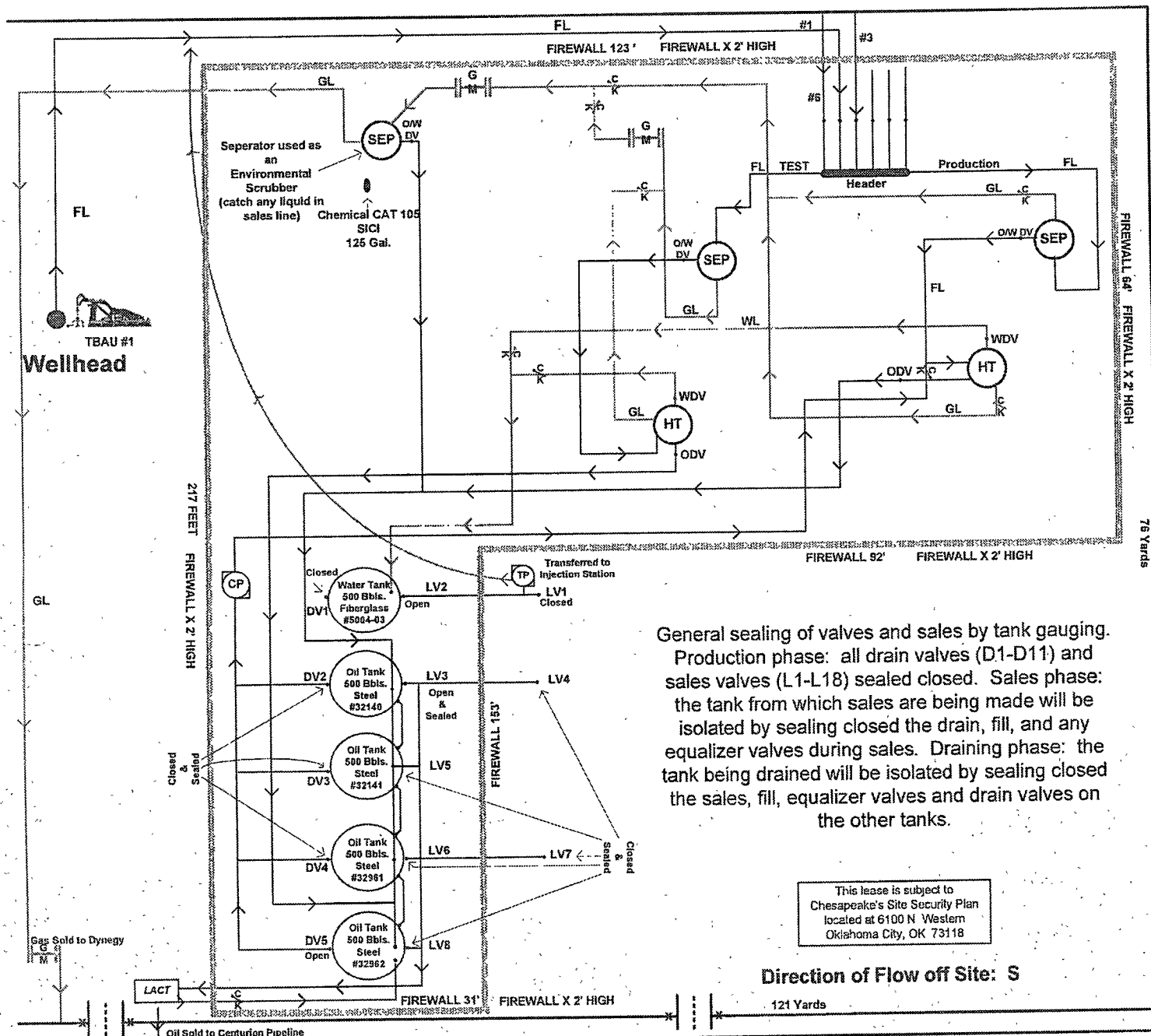
** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

CHESAPEAKE OPERATING, INC.

CHK Name & Number: TBAU 1
 API number: 30-025-34922
 County: LEA
 State: NM
 Field: TRINITY
 Qtr Qtr Calls: SW SE
 Sec/Twnshp/Rng: 22-12S-38E
 Number of Acres: 40

890677

Regulatory Agency: State/BLM
 Lease Sign Type: NON-APD WELL
 CA#: NMNM116169X
 APD Lease #: STATE LEASE
 Federal/Indian: STATE
 Last Violation: NONE
 District: PERMIAN NORTH
 Field Office: Hobbs



Prepared by: Jackie Reynolds

Date: 2/25/2008