Submit 1 Copy To Appropriate District Office District I	1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 October 13, 2009
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III			WELL API NO. 30-025-30106 5. Indicate Type of Lease STATE X FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & Gas Lease No.
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.)			7. Lease Name or Unit Agreement Name Trinity Burrus Abo Unit
1. Type of Well: Oil Well Gas Well X Other Water Injection		8. Well Number 21	
2. Name of Operator Chesapeake Operating, Inc.			9. OGRID Number 147179
3. Address of Operator P.O. Box 18496 Oklahoma City, OK 73154-0496			10. Pool name or Wildcat Trinity; Wolfcamp
4. Well Location			
Unit Letter N :	feet from the South	line and165	
Section 23		inge 38E	NMPM CountyLea
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3792' GR			
12 Ch1		atura af Nation	Donort or Other Doto
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 REMEDIAL WOR			
TEMPORARILY ABANDON			
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL	CASING/CEMEN	I JOB
DOWNTOLL COMMINGLE			
OTHER:		OTHER: tbg press	
	ork). SEE RULE 19.15.7.14 NMAC		d give pertinent dates, including estimated da npletions: Attach wellbore diagram of
Chesapeake respectfully submits	s the following corrective action to L	OV dated 12/17/10	:
	l out and found that well was not ove his well is holding steady at 1800#.	rpressured. This w	as witnessed by Sylvia Dickey of the
			RECEIVED
FEB 18 2011			
			HOBRACCD
			HODDSOCD
Spud Date:	Rig Release Da	te:	
hereby certify that the information	above is true and complete to the be	est of my knowledge	e and belief.
signature GAC	hard TITLE Product	tion Assistant	DATE 02/18/2011
Type or print name Pat Richards E-mail address: pat.richards@chk.com PHONE: (575)391-1462			
For State Use Only	L-man audiess	. pararenards(well)	1 HONE. (3/3)391-1402
APPROVED BY.	TITLE J	aff MBD	DATE 2-21-201
Conditions of Approval (if any):	7		-