Submit 1 Copy To Appropriate District Office* District 1 – (575) 393-6161	State of New Mexico Energy, Minerals and Natural Resources		Form C-103 Revised July 18, 2013	
1625 N. French Dr., Hobbs, NM 88240	ch Dr., Hobbs, NM 88240		WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	I DIVISION	<u>30-025-12271</u>	
District III - (505) 334-6178	$\frac{1220 \text{ South St. Francis Dr.}}{1220 \text{ South St. Francis Dr.}}$		5. Indicate Type of Lease STATE T FEE	X
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	000 Rio Brazos Rd., Aztec, NM 87410 istrict IV – (505) 476-3460 Santa Fe, NM 87505		6. State Oil & Gas Lease No.	
1220 S. St. Francis Dr., Santa Fe, NM 87505				
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			7. Lease Name or Unit Agreement Name	
PROPOSALS.)			WEST DOLLARHIDE QUEEN SAND UNIT 8. Well Number	
1. Type of Well: Oil Well Gas Well Other INJECTOR   2. Name of Operator			12 *	
CHAPARRAL ENERGY, LLC.			9. OGRID Number 004115	
3. Address of Operator			10. Pool name or Wildcat	
701 CEDAR LAKE BLVD. OKC, OK 73114			DOLLARHIDE QUEEN	
4. Well Location				
Unit Letter L	. <u>1650</u> feet from the <u>SOUT</u>		990 feet from the WES	<u>ST</u> line
Section 30			NMPM LEA County	
	11. Elevation (Show whether DR 3122' GR	, RKB, RT, GR, etc.)		
	3122 GR			
12. Check	Appropriate Box to Indicate N	lature of Notice, I	Report or Other Data	
	NTENTION TO:	SUBS	SEQUENT REPORT OF	::
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING C				
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A   PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB I				
PULL OR ALTER CASING	· · · · ·	CASING/CEMENT	10B []	•
CLOSED-LOOP SYSTEM				
OTHER:		OTHER:	H-5	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.				
6/25/2014 - CON	NDUCTED H-5, TESTED GOC	D, TP 900#, 580	#.	
		_,,	HOBBS OCD	
			JUL 11 2014	
			RECEIVED	
			RECEIVED	
Caud Data	Rig Release D	ata:		
Spud Date:				
I hereby certify that the information	n above is true and complete to the b	est of my knowledge	e and belief.	<b></b>
e D.				
SIGNATURE UNDALL ROUMULTITLE ENGINEERING TECH II DATE 7.8.2014				
Type or print name LINDSAY REAMES lindsay.reames@chaparralenergy.com E-mail address: PHONE: 405.426.4549				
Type or print name LINDSAY REAMES E-mail address: PHONE: 405.426.4549				
APPROVED BY: Bill Somamake TITLE State Manager DATE 7/18/2014				
APPROVED BY: Bill Somanake TITLE State Manage DATE 7/18/3014 Conditions of Approval (if any): FOR RECORD ONLY				
AUG 2 2 2014				

