					UCD-HC	UCD-HOBBS			
	UNITED STATE PARTMENT OF THE REAU OF LAND MAN	INTERIOR			FORM APPROVED OMB No. 1004-0137 Expires: October 31, 2014 5. Lease Serial No. LC-069052				
Do not use this	NOTICES AND REPC form for proposals t Use Form 3160-3 (A	o drill or to re-	enter an		6. If Indian, Allottee o	or Tribe Name			
SUBM	IIT IN TRIPLICATE – Other	instructions on pag				ement, Name and/or N			
1. Type of Well JAN 262					WEST DOLLARHIDE QUEEN SAND UNIT				
Oil Well Gas	Well Other IN.	ECTOR	G 1		o, won rand and wo	DE QUEEN SAND UI	NIT #133 🥒		
2. Name of Operator CHAPARRAL ENERGY, LLC.	~		RECT	RED	9. API Well No. 30-025-30355		~		
3a. Address 701 CEDAR LAKE BLVD. OKLAHOMA CITY,	3b. Phone No. (incl. 405-478-8770	ude area code)		10. Field and Pool or Exploratory Area DOLLARHIDE QUEEN					
4. Location of Wall (Footage, Sec., T.,R.,M., or Survey Description) 400' FNL & 1120' FA JUNIT D, SECTION 31-1245-38E			<u> </u>		11. County or Parish, State LEA COUNTY, NM				
12. CHE	CK THE APPROPRIATE BO	X(ES) TO INDICAT	E NATURE OF	F NOTICI	E. REPORT OR OTH	ER DATA			
TYPE OF SUBMISSION	1			OF ACTION		· · · · · · · · · · · · · · · · · · ·			
	Acidize	Deepen	Γ		ction (Start/Resume) Water Shut-Off				
Notice of Intent	Alter Casing	Fracture Tr	eat		nation	Well Integrity			
Subsequent Report	Casing Repair	New Const	ruction	Recom	nplete	Other ACTIV	E STATUS		
Final Abandonment Notice	Change Plans	Plug and A	bandon		orarily Abandon Disposal				
Attach the Bond under which the following completion of the invol testing has been completed. Final determined that the site is ready for SUBMITTED REPORT ON 4/1/201 THIS IS NOW AN ACTIVE INJECT	ved operations. If the operation Abandonment Notices must b or final inspection.) 4 FOR RUNNING H-5 THA	n results in a multipl e filed only after all i T TESTED GOOD	e completion or requirements, in @ 580#.	recomple cluding re	stion in a new interval eclamation, have been	, a Form 3160-4 must t completed and the op	ne filed once		
					•				
	WFY-5	20			ACCEPTE	D FOR REC	ORD		
14. I hereby certify that the foregoing is t LINDSAY REAMES	rue and correct. Name (Printed)				l		7		
{}		Title	ENGINEERIN		 		<u>}</u> }		
Signature Lindou	J Keame		06/10/2014		Å	N 2 1 2015			
	THIS SPACE F	OR FEDERAL	OR STATE	OFFI		HAND MANAGEM	ENT		
Approved by	<u> </u>		Title		CARLSB	AD FIELD OFFICE			
Conditions of approval, if any, are attached hat the applicant holds legal or equitable ti ntitle the applicant to conduct operations t	tle to those rights in the subject hereon.	ot warrant or certify lease which would	Office		· · · · · · · · · · · · · · · · · · ·	a :: :0			
Fitle 18 U.S.C. Section 1001 and Title 43 Fictitious or fraudulent statements or repres			iowingly and wil	lfully to n	nake to any department	or agency of the United	States any false,		

(Instructions	on	page	2)
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MUB/OCD 1/27/2015

JAN 28 2015 29

for