

Submit 1 Copy To Appropriate District  
Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103

Revised August 1, 2011

HOBBS OGD

APR 18 2013

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO. 30-025-30357
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name W. Dollarhide Queen Sand Unit
8. Well Number 153
9. OGRID Number 004115
10. Pool name or Wildcat Dollarhide Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3132 GL

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 ☐ Injection ☒

2. Name of Operator  
Chaparral Energy, LLC.

3. Address of Operator  
701 Cedar Lake Blvd. Oklahoma City, OK 73114

4. Well Location  
Unit Letter 0 : 570 feet from the South line and 1790 feet from the East line  
Section 30 Township 24S Range 38E NMPM County

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 ☐  
DOWNHOLE COMMINGLE ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: MIT to return to injection ☒

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.

MIRU. POOH WITH TUBING. TIH WITH REPAIRED TUBING. SET PACKER.  
TEST CASING @ 500#, HELD. RAN MIT, HELD. GOOD MIT.  
RETURN TO INJECTION. RDMO.

Spud Date:

MARCH 5, 2013

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Lindsay Reames

TITLE ENGINEERING TECH II

DATE 4.11.2013

Type or print name LINDSAY REAMES

E-mail address: lindsay.reames@chaparralenergy.com

PHONE: 405.426.4549

For State Use Only

APPROVED BY:

Mark Whitman

TITLE Compliance Officer

DATE 04-19-2013

Conditions of Approval (if any):

APR 22 2013

