

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 July 18, 2013

RECEIVED

OIL CONSERVATION DIVISION

SEP 30 2013
1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBSUCD

WELL APINO. 30-025-30305
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. B-9311
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UNIT
8. Well Number 148
9. OGRID Number 004115
10. Pool name or Wildcat DOLLARHIDE QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GL = 3135'

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 ☒ INJECTOR

2. Name of Operator
CHAPARRAL ENERGY, LLC.

3. Address of Operator
701 CEDAR LAKE BLVD. OKC, OK 73114

4. Well Location
Unit Letter M : 700 feet from the SOUTH line and 550 ~~500~~ feet from the WEST line
Section 32 Township 24S Range 38E NMPM LEA County NM

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 ☐
CLOSED-LOOP SYSTEM ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

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

Per Underground Injection Control Program Manual

11.6 C Packer shall be set within or less than 100

feet of the uppermost injection perfs or open hole.

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 WORK OVER RIG. DETERMINE WHY WELL FAILED BRADENHEAD TEST. REPAIR WELL AS NEEDED.

ALL WELL OPERATIONS WILL BE CONDUCTED USING A CLOSED LOOP SYSTEM.

The Oil Conservation Division
MUST BE NOTIFIED 24 Hours
Prior to the beginning of operations

Condition of Approval: notify
OCD Hobbs office 24 hours
prior of running MIT Test & Chart

Spud Date:

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 9.30.2013

Type or print name LINDSAY REAMES E-mail address: lindsay.reames@chaparralenergy.com PHONE: 405.426.4549

For State Use Only

APPROVED BY: [Signature] TITLE MBR DATE 9-30-2013

Conditions of Approval (if any):

SEP 30 2013