

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

HOBBES OGDEN CONSERVATION DIVISION
1220 South 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 PROPOSALS.)		WELL API NO. 30-025-30355
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/> INJECTOR		5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CHAPARRAL ENERGY, LLC.		6. State Oil & Gas Lease No.
3. Address of Operator 701 CEDAR LAKE BLVD. OKLAHOMA CITY, OK 73114		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UNIT
4. Well Location Unit Letter D : 400 feet from the NORTH line and 1120 feet from the EAST line Section 31 Township 24S Range 38E NMPM LEA County		8. Well Number 133
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number 004115
		10. Pool name or Wildcat DOLLARHIDE QUEEN

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 ☐
OTHER: ☐

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.

SUBMITTED REPORT ON 3/31/2014 FOR RUNNING H-5 THAT TESTED GOOD @ 580#.

THIS IS NOW AN ACTIVE INJECTION WELL THAT WE STARTED INJECTING INTO 4/3/2014.
PLEASE PLACE IN ACTIVE STATUS.

* FILED BLM FORM 3160-5 INFORMING OF ACTIVE STATUS.

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 6.10.2014

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

For State Use Only

Accepted for Record Only

APPROVED BY: _____ TITLE _____ DATE _____

Conditions of Approval (if any):

JUN 17 2014