

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

1220 South St. Francis Dr.
Santa Fe, NM 87505

HOBBSSUCD

WELL API NO. 30-025-30231
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/> BLM <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UNIT
8. Well Number 113
9. OGRID Number 004115
10. Pool name or Wildcat DOLLARHIDE QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) GR = 3108'

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 C 330 feet from the NORTH line and 2360 feet from the WEST line
Section 31 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

OTHER: 11.6 C Packer shall be set within or less than 100

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 Completion Operations, state the date of proposed completion or recompletion.
feet of the uppermost injection ports on open hole.

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

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

Condition of Approval: notify

OCD Hobbs office 24 hours

prior of running MIT Test & Chart

Spud Date:

Rig Release Date:

The Oil Conservation Division

MUST BE NOTIFIED 24 Hours

Prior to the beginning of operations

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 Dist. mgr DATE 9-30-2013

Conditions of Approval (if any):

SEP 30 2013