Submit 1 Copy To Appropriate District State of New Mexico Office Energy, Minerals and Natural Resources	Form C-103 October 13, 2009
1625 N French Dr., Hobbs, NM 88240	WELL API NO.
District II 1301 W Grand Avc., Artesia, NM 88210 OIL CONSERVATION DIVISION	30-025-07202 / 5. Indicate Type of Lease /
District III 1220 South St. Francis Dr.	STATE 🗌 FEE 🛛 🖌
1220 S. St. Francis Dr., Santa Fe, NM	6. State Oil & Gas Lease No.
SUNDRY NOT LOPS AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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	Houston A
PROPOSALS.) 1. Type of Well: Oil Well Gas Wall To Other SWD	8. Well Number 01
2. Name of Operator	9. OGRID Number 271999
Chaparral Resources, L.L.C. 3. Address of Operator	10. Pool name or Wildcat
701 Cedar Lake Blvd. Oklahoma City, OK 73114	SWD Devonian (96101)
4. Well Location Unit Letter L : 2310 feet from the S line and	330 feet from the Wline
Section 19 Township 12S Range 38E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3874'_GL	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK I PLUG AND ABANDON REMEDIAL WORK ALTERING CASING C	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRIL PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
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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.	
V	
Repair a MIT Failure. MIRU to test casing, tubing, and packer, on September 21,2011	
1	
Per Underground Injection On the to	
Condition of Approval. the operator shall give 2 the	nderground Injection Control Program Manual C Packer shall be set within or less than 100
notice to the appropriate District office before work begins. feet of	the uppermost injection perfs or open hole.
Spud Date: Rig Release Date:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
GAN.	
SIGNATURE Hunder TITLE Manager of Regulatory Affairs DATE 09/22/2011	
Type or print name David P. Špencer E-mail address: <u>david.spencer@chaparralenergy.com</u> PHONE: <u>405-478-8770</u>	
For State Use Only	
APPROVED BY Conditions of Approval (if any): DATE -26-2011	
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SEP 2 6 2011

