Submit 1 Copy To Appropriate District Office	State of New Me		Form C-103 Revised August 1, 2011
<u>District 1</u> – (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240		WELL API NO. 30-025-30357	
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION		5. Indicate Type of Lease	
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	1220 South St. Francis Dr. Santa Fe, NM 875058 2013		STATE FEE BLM  6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	MA	K # 8 7013	LC-067968
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLOTO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			W. Dollarhide Queen Sand Unit
1. Type of Well: Oil Well Gas Well Other injection well			8. Well Number 153
2. Name of Operator Chaparral Energy, LLC.			9. OGRID Number 004115
3. Address of Operator			10. Pool name or Wildcat
4. Well Location	ar Lake Blvd., Oklahoma City, O	K. 73114	Dollarhide Queen
Unit Letter O: 570 feet from the South line and 1790 feet from the East line			
Section 30 Township 24S Range 38E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
	3132 GL		The state of the s
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK ☑ PLUG AND ABANDON ☐ REMEDIAL WORK			K ☐ ALTERING CASING ☐
TEMPORARILY ABANDON			ELING OPNS. PAND A  ground Injection Control Program Manual
DOWNHOLE COMMINGLE	MOETIFEE COMFE		Packer shall be set within or less than 1
OTHER:	П		he 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.			
Prepare location. RU workover unit. RU reverse unit. Contain all fluids. Release packer and TOOH. TIH w/bit and circulate out fill. TOOH w/bit. TIH w/treating packer, acidize perfs w/500 gallons acid and over displace into formation. TOOH w/treating packer and TIH w/injection packer. Load annulus w/packer fluid and set packer. Test annulus. RDMO workover unit and return to injection.			
The Oil Conservation Division			
MUST BE NOTIFIE			Condition of Approval: notify
Prior to the beginning of operations  OCD Hobbs office 24 hours			
		***	
Spud Date: March 5, 2013	Rig Release Da		ior of running MIT Test & Chart
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE OLA /	Nade TITLE Regu	ılatory Tech	DATE 02-28-2013
Type or print name Lori Wade E-mail address: Dri.wade@chaparralenergy.com PHONE: (405) 426-4451			
5//			7 /7 7
APPROVED BY: Conditions of Approval (if any):	TITLE 2	ST-11412	DATE 3 16 - 1013
" / "//			v/w
			DATE 3-12-2013  MAR 1 3 2013  Chr

