

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

Amended Form C-103
 Revised July 18, 2013

HOBBS OGD

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

OCT 11 2013

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injector <input type="checkbox"/>		WELL API NO. 30-025-12257
2. Name of Operator Chaparral Energy, LLC		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 701 Cedar Lake Blvd., OKC, OK 73114		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>30</u> Township <u>24S</u> Range <u>38E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3145' DF		8. Well Number <u>18</u>
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 <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: MIT <input checked="" type="checkbox"/>	
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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.

Amended to correct C-103 filed in May 2010:

TD 3960', perfs 3620'-3768'. RU pump truck 05/05/10, pressure test casing to 570#, well bled off 10# to 560# & held steady for 30 min. Witnessed by Sylvia Dickey of NMOCD.

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 Traci Cornish TITLE Sr. Engineering Tech DATE 10/09/13
 Type or print name Traci Cornish E-mail address: traci@chaparralenergy.com PHONE: 405/426-4451

For State Use Only
 APPROVED BY: [Signature] TITLE Dist. MGR DATE 10-17-2013
 Conditions of Approval (if any):

OCT 22 2013