

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

HOBBBS OGD
RECEIVED
JUN 12 2014
 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 <u>INJECTOR</u>		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 <u>D</u> : <u>400</u> feet from the <u>NORTH</u> line and <u>1120</u> feet from the <u>EAST</u> line Section <u>31</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> County		8. Well Number <u>133</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>004115</u>
10. Pool name or Wildcat DOLLARHIDE QUEEN		10. Pool name or Wildcat DOLLARHIDE QUEEN

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	

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