

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

Form C-103
 Revised July 18, 2013

HOBBS OCD
JUL 21 2014

RECEIVED

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. 30-025-12285
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/> INJECTOR		5. Indicate Type of Lease <input checked="" type="checkbox"/> 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. OKC, OK 73114		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UN
4. Well Location Unit Letter <u>F</u> : <u>1750</u> feet from the <u>NORTH</u> line and <u>2310</u> feet from the <u>WEST</u> line Section <u>31</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>LEA</u> County		8. Well Number <u>33</u>
		9. OGRID Number 004115
		10. Pool name or Wildcat DOLLARHIDE QUEEN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3114' GL		

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input checked="" type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input 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.

MIRU, POOH W/TUBING & PACKER. REPAIR TUBING LEAK. TEST TUBING BACK IN W/PACKER. RUN MIT. RDMO.

**Condition of Approval: notify
 OCD Hobbs office 24 hours
 prior of running MIT Test & Chart**

**The Oil Conservation Division
 MUST BE NOTIFIED 24 Hours
 Prior to the beginning of operations**

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 7.18.2014
 Type or print name LINDSAY REAMES E-mail address: lindsay.reames@chaparralenergy.com
 For State Use Only

APPROVED BY: Mary Jean TITLE Dist Supervisor DATE 7/21/2014

Conditions of Approval (if any):

JUL 22 2014

AM