

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

OIL 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.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other INJECTOR		WELL API NO. 30-025-12262 ✓
2. Name of Operator CHAPARRAL ENERGY, LLC.		5. Indicate Type of Lease FEDERAL STATE <input type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 701 CEDAR LAKE BLVD. OKC, OK 73114		6. State Oil & Gas Lease No.
4. Well Location Unit Letter G : 2310 feet from the NORTH line and 2310 feet from the EAST line Section 30 Township 24S Range 38E ✓ NMPM LEA County		7. Lease Name or Unit Agreement Name WEST DOLLARHIDE QUEEN SAND UNIT
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3164' GR		8. Well Number 9 ✓
		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:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input 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: H-5	<input checked="" 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.

6/25/2014 - CONDUCTED H-5, TESTED GOOD, TP 930#, 520#.

HOBBS OCD

JUL 11 2014

RECEIVED

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 7.8.2014

Type or print name LINDSAY REAMES E-mail address: lindsay.reames@chaparralenergy.com PHONE: 405.426.4549

For State Use Only

APPROVED BY: Bill Senamoh TITLE Staff Manager DATE 7/18/2014

Conditions of Approval (if any):

FOR RECORD ONLY

AUG 22 2014

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6-25-14

Graphic Controls



RECORD ONLY

TR-930
CR-520
SP-0

MOBESCO

JUL 11 2014

DATE W. D. 59 #9
BR 2221

RECEIVED

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