

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

JUL 18 2014

Form C-103
 Revised July 18, 2013

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

RECEIVED

WELL API NO.

30-025-12285

5. Indicate Type of Lease **FEDERAL**
 STATE ☐ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

WEST DOLLARHIDE QUEEN SAND UN

8. Well Number 33

9. OGRID Number
004115

10. Pool name or Wildcat

DOLLARHIDE QUEEN

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 ☐ Gas Well ☐ Other **INJECTOR**2. Name of Operator:
CHAPARRAL ENERY, LLC.3. Address of Operator:
701 CEDAR LAKE BLVD. OKC, OK 73114

4. Well Location

Unit Letter **F** : **1750** feet from the **NORTH** line and **2310** feet from the **WEST** line
 Section **31** Township **24S** Range **38E** NMPM **LEA** County

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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL. ☐
 DOWNHOLE COMMINGLE ☐
 CLOSED-LOOP SYSTEM ☐
 OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIATION WORK ☐ ALTERING CASING ☐
 COMMENCE DRILLING OPNS. ☐ P AND A ☐
 CASING/CEMENT JOB ☐
 OTHER: ☐

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.

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**PHONE: **405.426.4549**

For State Use Only

APPROVED BY: Bill SenamTITLE **Staff Manager**DATE **7/24/2014**

Conditions of Approval (if any):

FOR RECORD ONLY

AUG 22 2014