Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> Energy	, Minerals and Natural Resources	May 27, 2004 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u>	CONSERVATION DIVISION	30-025-30293
1301 W. Grand Avc., Artesia, WW 60210	220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 District IV	Santa Fe, NM 87505	STATE FEE 6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	·	033441
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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.)		West Dollarhide Queen Sand Unit
1. Type of Well: Oil Well Gas Well	Other	8. Well Number 131
2. Name of Operator		9. OGRID Number
Chaparral Energy, LLC 3. Address of Operator		004115 10. Pool name or Wildcat
701 Cedar Lake Blvd., Oklahoma City, OK 731	14	Dollarhide Queen Sand
4. Well Location		
Unit Letter C : 990 feet from the North line and 2210 feet from the West line		
Section 30 Township 24S Range 38E NMPM Lea County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
Pit or Below-grade Tank Application or Closure		
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water Pit Liner Thickness: mil Below-Grade Tank: Volume bbls; Construction Material		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☒ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING MULTIPLE		
OTHER: OTHER: Temporarily Abandon/MIT		
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.		
of recompletion.		
OV 20/00 Processor as COO and the latter 20 to and the second and Well TAVA entire later where the		
06/20/06 – Pressure up to 620 psi – held for 30+ min. – good test. Well TA'd, original chart attached.		
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I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-		
grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan.		
SIGNATURE Diai Coinion	TITLE ENGINERING	TECH DATE 6-26-06
Type or print name Traci Cornish E-mail address: traci@chaparralenergy.com Telephone No. (405)478-8770		
For State Use Only APPROVED BY: TITLE Conditions of Approval (if anx): Tact Connist Conditions of Approval (if anx):		
APPROVED BY: HOWW WILL TITLE DATEJUN 2 7 2000		
Conditions of Approval (if anx):	· · · · · · · · · · · · · · · · · · ·	<u> </u>

