

Submit 3 Copies To Appropriate District Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

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

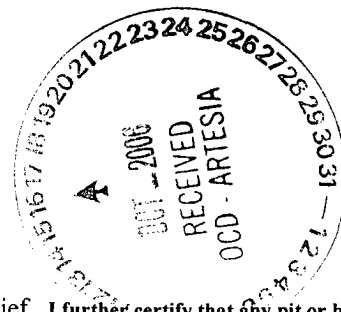
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-015-34892
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" 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 Roberts 13
4. Well Location Unit Letter <u>G</u> : <u>1570</u> feet from the <u>North</u> line and <u>1620</u> feet from the <u>East</u> line Section <u>13</u> Township <u>17S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		8. Well Number <u>1Y</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3309' GL, 3325' KB, 3323' DF		9. OGRID Number <u>004115</u>
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <input type="checkbox"/>
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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.

1. MIRU Patterson UTI Drilling Company 05/21/06 and spudded 26" hole.
2. Drilled to 189'.
3. Set 4 jts. 20", 94# casing @ 189'.
4. Cemented with 300 sxs Premium Plus + 2% CaCl₂, 0.25#/sk Flocele, mixed @ 14.8 ppg, 1.35 yld. Disp press 140 psi, max press 140 psi. Float held, disp w/fresh water. Plug down @ 5:30 a.m. 05/22/06. Circ 50 sxs cmt to surface, good cement job.
5. Started drilling 12 1/4" hole below casing @ 189' 05/22/06.



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 Traci Cornish TITLE ENGINEERING TECH DATE 10-12-06

Type or print name Traci Cornish

E-mail address: traci@chaparralenergy.com Telephone No. (405)478-8770

For State Use Only

APPROVED BY: Accepted for record - NMOCD TITLE _____ DATE 10/19/06
Conditions of Approval (if any): _____