

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

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|---|
| WELL API NO. 30-025-30210 |
| 5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. B-9613 |
| 7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit |
| 8. Well Number 109 |
| 9. OGRID Number 004115 |
| 10. Pool name or Wildcat Dollarhide Queen Sand |

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|---|
| 4. Well Location Unit Letter <u>D</u> : <u>750</u> feet from the <u>North</u> line and <u>550</u> feet from the <u>West</u> line Section <u>32</u> Township <u>24S</u> Range <u>38E</u> NMPM Lea County |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3164' GR |
| 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 _____ |

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 I

2. Name of Operator
Chaparral Energy, LLC

3. Address of Operator
701 Cedar Lake Blvd., Oklahoma City, OK 73114

4. Well Location
Unit Letter D : 750 feet from the North line and 550 feet from the West line
Section 32 Township 24S Range 38E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3164' GR

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:

PERFORM REMEDIAL WORK ☒ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐

OTHER: ☐

SUBSEQUENT REPORT OF:

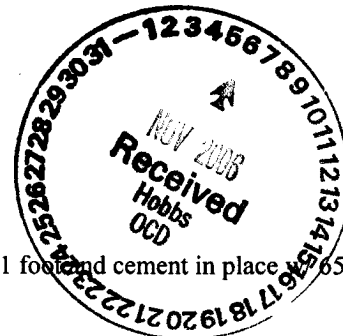
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

Proposed work due to failed MIT:

1. MIRU completion unit.
2. Remove tubing head, RU BOP, POOH w/ tubing.
3. MIRU electric line truck, RIH and set CIBP at 3600'. RD wire line truck.
4. MI 3660' 4 1/2" 11.6# J-55 FJ casing. PU and RIH w/ 4 1/2" casing down to 3600' and tag CIBP. PU 1 foot and cement in place 165 sacks class H cement mixed at 14.8 lbs/gal. Displace w/ 55.3 bbls fresh water. RD cementers.
5. PU 3 3/4" bit, 4 3 1/8" collars and RIH on 2 3/8" tubing.
6. Tag cement and drill out cement and CIBP. POOH w/ tubing collars and bit, laying everything down.
7. PU 4 1/2" packer and RIH on 2 3/8" 4.6# J-55 ceramic coated tubing to 3560' circulate packer fluid and set packer.
8. RD completion rig. Run state test.



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 11-2-06

Type or print name Traci Cornish

E-mail address: traci@chaparralenergy.com

Telephone No. (405)478-8770

For State Use Only

APPROVED BY: Gay W. Wink
Conditions of Approval (if any):

TITLE OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE _____