

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

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

WELL API NO.	30-025-12289
5. Indicate Type of Lease	STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name	West Dollarhide Queen Sands Unit
8. Well Number	35
9. OGRID Number	004115
10. Pool name or Wildcat	Dollarhide Queen
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3125' DF

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 TA'd WIW ☐

2. Name of Operator
Chaparral Energy, LLC

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

4. Well Location
Unit Letter J : 1980 feet from the South line and 1650 feet from the East line
Section 31 Township 24S Range 38E NMPM Lea County

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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐

COMMENCE DRILLING OPNS. ☐ P AND A ☐

CASING/CEMENT JOB ☐

OTHER: ☐

OTHER: MIT & return to TA'd Status ☒

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.

Request that well stay TA'd status for 5 years

This Approval of Temporary
Abandonment Expires 6-19-2014

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 David P. Spencer TITLE Manager of Regulatory Affairs DATE 6/4/09

Type or print name David P. Spencer E-mail address: PHONE: 405-478-8770

For State Use Only

APPROVED BY: Samuel Hill TITLE DISTRICT 1 SUPERVISOR DATE JUN 19 2009

Conditions of Approval (if any):

