

State of New Mexico
Energy, Minerals and Natural Resources

RECEIVED OIL CONSERVATION DIVISION MAY 03 2010 NOBBSUCD 1220 South St. Francis Dr. Santa Fe, NM 87505		WELL API NO. 30-025-12290 ✓ 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 W. Dollarhide Queen Sand Unit / 8. Well Number 47 ✓ 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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other Injection ✓ 2. Name of Operator Chaparral Energy, L.L.C. ✓ 3. Address of Operator 701 Cedar Lake Blvd. Oklahoma City, OK 73114 4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>South</u> line and <u>1650</u> feet from the <u>East</u> line Section <u>31</u> Township <u>24S</u> Range <u>38E</u> NMPM <u>Lea</u> County ✓ 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3120 GR		

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 to return to injection ☒

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.

Drill out CIBP to open well for injection. Ran tbg & set pkr @ 3617'. Pressure test csg to 540# for 30 min. on 4/27/10. Mark Whitaker of OCD authorized chart. Return well to active injection.

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



TITLE Manager of Regulatory Affairs

DATE 4/29/10

Type or print name David P. Spencer

E-mail address: david.spencer@chaparralenergy.com

PHONE: (405) 478-8770

For State Use Only

APPROVED BY:



TITLE

STAFF MGR

DATE 5-4-10

Conditions of Approval (if any)

