

RECEIVED

MAY 21 2010

HOBBSD

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. 30-025-12257 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other Injection <input checked="" type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Chaparral Energy, L.L.C.		6. State Oil & Gas Lease No.
3. Address of Operator 701 Cedar Lake Blvd., Oklahoma City, OK 73114		7. Lease Name or Unit Agreement Name West Dollarhide Queen Sand Unit ✓
4. Well Location Unit Letter <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>660</u> feet from the <u>East</u> line Section <u>30</u> Township <u>24S</u> Range <u>38E</u> NMPM Lea County ✓		8. Well Number <u>18</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		9. OGRID Number <u>004115</u>
		10. Pool name or Wildcat Dollarhide Queen ✓

## 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 Maintain TA 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

TD 3735': Perfs 3590-33640' (OA): CIBP @ 3633'. RU pump truck 5/5/2010 and test casing to 570 psig well bled off 10 psig to 560 and held steady for 30 minutes. Witnessed by Sylvia Dickey of NMOCD

This Approval of Temporary  
Abandonment Expires 5-5-2012

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: 5/18/10Type or print name David P. Spencer E-mail address: david.spencer@chaparralenergy.com PHONE: 405-426-4397

For State Use Only

APPROVED BY: [Signature] TITLE: STAFF MGR DATE: 5-24-10

Conditions of Approval (if any):

