

State of New Mexico  
Energy, Minerals and Natural Resources

RECEIVED

MAY 21 2010

HOBBS

## CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-30292

5. Indicate Type of Lease

STATE ☐ FEE ☒

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name  
West Dollarhide Queen Sand Unit

8. Well Number 130

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 ☐ Gas Well ☐ 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 D : 990 feet from the North line and 1090 feet from the West line  
Section 30 Township 24S Range 38E NMPM Lea County

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

## 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 ☐

OTHER: ☐

## SUBSEQUENT REPORT OF:

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

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 3792': Perfs 3680-3814' (OA): CIBP @ 3512'. RU pump truck 5/5/2010 and test casing to 580 psig well bled off 10 psig to 570 and held steady for 30 minutes. Witnessed by Sylvia Dickey of NMOCD.

This Approval of Temporary  
Abandonment Expires 5-5-2011

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 5/18/10

Type or print name David P. Spencer

E-mail address: david.spencer@chaparralenergy.com PHONE: 405-426-4397

For State Use Only

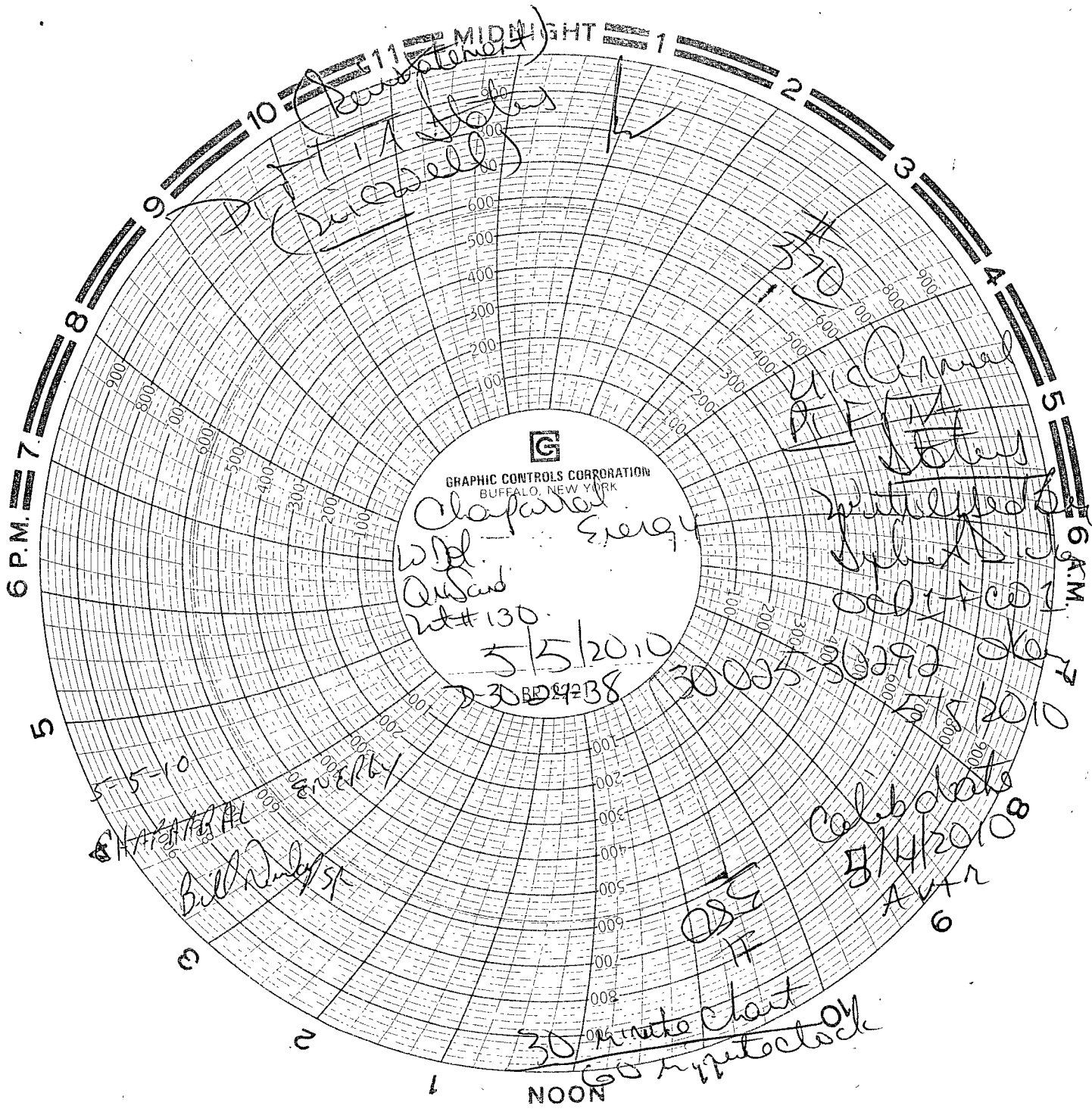
APPROVED BY:

TITLE

STAFF MGR

DATE 5-24-10

Conditions of Approval (if any):



Statement  
TIA  
D. (Sullivan)

#770  
Annual  
R.F.T.  
Status  
Produced by  
Subst. Sec.  
Oct 17 2010  
30005-36292  
5/5/2010

Chapman  
W.D.  
Quand  
Ref # 130  
5/5/2010  
30005-36292

5-5-10  
H.A.T.  
Bill Duly  
ENERGY

Calculated  
8/4/2010  
A.V.R.  
6

OS  
IF  
30 minute chart  
60 minute clock