

Submit 1 Copy 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  
October 13, 2009

RECEIVED

OIL CONSERVATION DIVISION

JUN 24 2010

1220 South St. Francis Dr.  
Santa Fe, NM 87505

HOBBSOCD

WELL API NO.	30-025-30300 ✓
5. Indicate Type of Lease	STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> ✓
6. State Oil & Gas Lease No.	B9311
7. Lease Name or Unit Agreement Name	West Dollarhide Queen Sand Unit ✓
8. Well Number	143 ✓
9. OGRID Number	004115 ✓
10. Pool name or Wildcat	Dollarhide Queen ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3181' GR	

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, LLC ✓

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

4. Well Location  
Unit Letter J : 1880 feet from the South line and 2140 feet from the East line  
Section 32 Township 24S Range 38E NMPM County Lea ✓

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: MIT to return to injection <input checked="" type="checkbox"/>	

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.

Drilled out CIBP to open well for injection. Ran tbg & set pkr @ 3577'.  
RU pump truck. Pressure test csg. Run pressure chart for 30 mins., good chart.  
Witnessed by Mark Whitaker of OCD on 6/2/10. Return well to injection.  
Sent original chart to OCD.

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 6/21/10

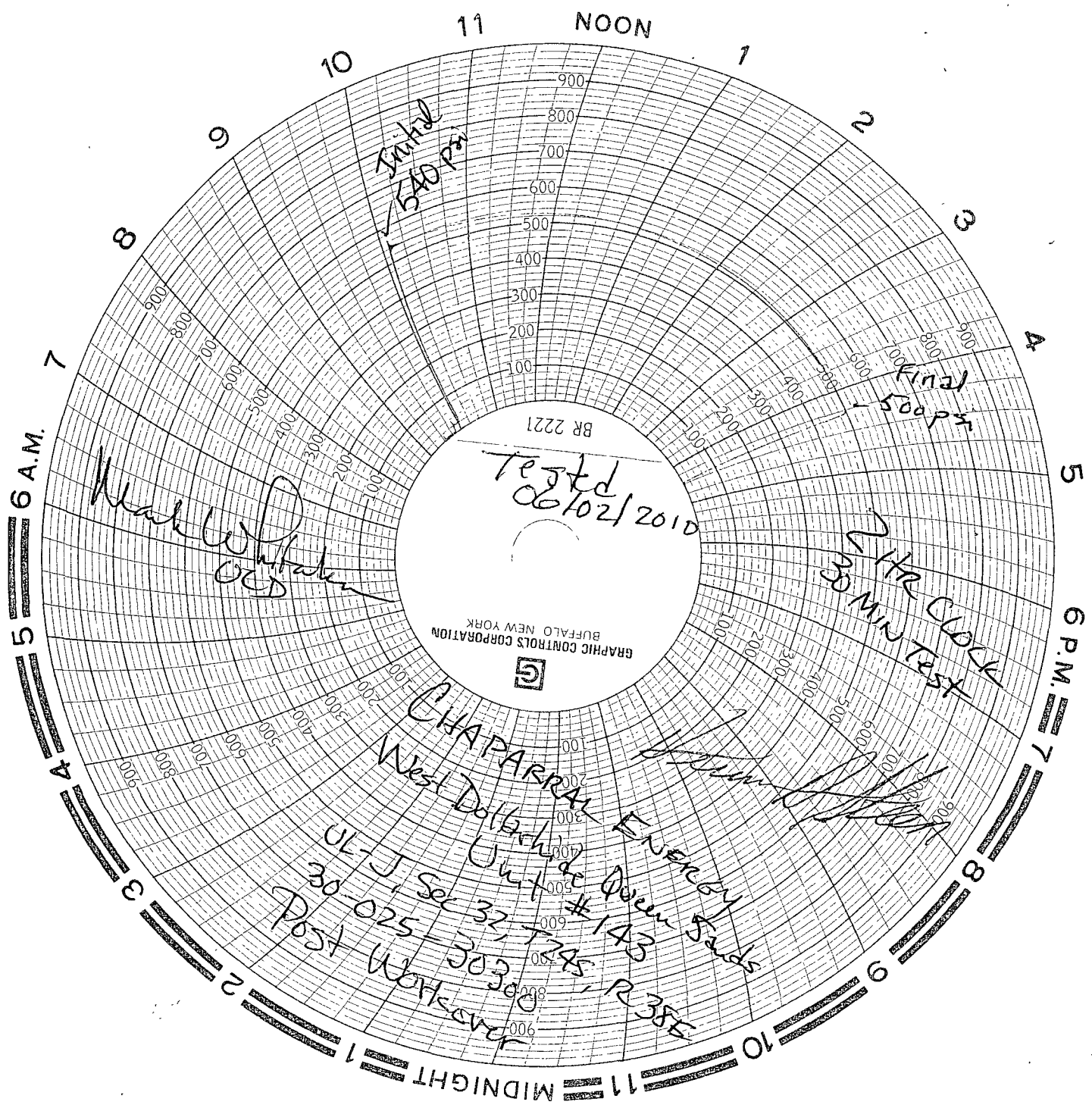
Type or print name David P. Spencer E-mail address: lori.wade@chaparralenergy.com PHONE: (405) 478-8770

For State Use Only

APPROVED BY: [Signature] TITLE OC FIELD REPRESENTATIVE / STAFF MANAGER DATE JUN 25 2010

Conditions of Approval (if any):

7.5



GRAPHIC CONTROLS CORPORATION  
BUFFALO NEW YORK

