Submit 3 Copies To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 P. Fren	WELL API NO.
District I 1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 88210 District III District III District III District III District III	30-025-12271 🗸
District III 1000 Rio Brazos Rd., Aztec, NM 87410 JUL 19 20 1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE FEE FEE
District IV Santa Fe. NM X/505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM HOBBSOCD	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	West Dollarhide Queen Sand Unit
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other Injector	8. Well Number 12
2. Name of Operator Chaparral Energy, L.L.C.	9. OGRID Number 004115
3. Address of Operator 701 Cedar Lake Blvd.	10. Pool name or Wildcat
Oklahoma City, Ok 73114	Dollarhide Queen
4. Well Location Unit Letter L: 1650 feet from the South line and 9	90 feet from the West line
Section 30 Township 24S Range 38E NMPM Lea County	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
3122 GR Pit or Below-grade Tank Application or Closure	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance	ance from nearest surface water
TOTAL	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	JOB
OTHER: OTHER: Acid	lize Injection Well
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.	
b(25/2010 Per ds Perf 3659-38	39 PKR 3512
MIRU acid & pump trucks to wellhead. Initial pressure 1100 psi. Pump 500 gal 15% HCI &	
flush into perfs w/produced water. Ave injection pressure 1200 ps	i @ 1 BPM. ISIP 1100 psi, 10
min SIP 1000 psi. RD acid trucks & return to injection service.	
Acid down tubing. Did not remove PKA Das	
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closeff according to NMOCD guidelines \square , a general permit \square or an (attached) alternative OCD-approved plan \square .	
SIGNATURE TITLE Manager of Regu	latory Affairs DATE 07/14/2010
Type or print name David E Spencer E-mail addressdavid.spencer@c For State Use Only	chaparralenergy.coffelephone No.405-426-4397
APPROVED BY: TITLE STAFF ME	7-77-12
Conditions of Approval (if any):	DATE 7-22-10
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