| Submit 3 Copies To Appropriate District | State of New Mexico | | | | Form C-103 |
|---|--|----------------|---|--|-----------------------------|
| Office District 1 | Energy, Minerals and Natural Resources | | | Revised March 25, 1999 | |
| 1625 N. French Dr., Hobbs, NM 88240 | <u>-</u> | | | WELL API NO. | |
| District II | OIL CONSERVATION DIVISION | | | 30-025-11647 | |
| 811 South First, Artesia, NM 88210 | | | | 5. Indicate Type of | of Lease |
| District III 1000 Rio Brazos Rd., Aztec, NM 87410 | 2040 South Pacheco | | | STATE [| □ FEE 🛛 |
| District IV | Santa HA MIMI X / SUS | | | 6. State Oil & G | |
| 2040 South Pacheco, Santa Fe, NM 87505 | | | 408175 | us Louse 110. | |
| SUNDRY NOTICES AND REPORTS ON WELLS | | | | 7. Lease Name of | or Unit Agreement |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | | | Name: | one rigicomene |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | | SOUTH LANGLI | FIAI UNIT | |
| PROPOSALS.) | SOOTH EARGE | L JAL OIII | | | |
| 1. Type of Well: | | | | | |
| Oil Well Gas Well Other WATER INJECTION WELL | | | | | |
| 2. Name of Operator | | | 8. Well No. | | |
| CHAPARRAL ENERGY, INC. | | | #15 | | |
| 3. Address of Operator | | | 9. Pool name or Wildcat | | |
| 701 CEDAR LAKE BLVD., OKLAHOMA CITY, OK 73114 | | | JAL TANSILL YATES 7 RIVERS | | |
| 4. Well Location | | | | | |
| | | | | | |
| Unit Letter C: 990' feet from the NORTH line and 1980' feet from the WEST line | | | | | |
| | | | | | |
| Section 17 | Township 25S | Range | 37E | NMPM <u>LEA</u> | County |
| 10. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | | | |
| 3118' DF, 3110' GL | | | | | |
| 11. 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 WOR | | | | ALTERING CASING | |
| PERFORM REMEDIAL WORK | J PLUG AND ABANDON | N L | REWLEDIAL WOR | K 🗀 | ALTERING CASING |
| TEMPORARILY ABANDON | CHANGE PLANS | | COMMENCE DR | LLING OPNS. | PLUG AND |
| TEMPORARILI ABANDON | CHANGE FEARO | | COMMENCE | LLING OF NO. | ABANDONMENT |
| PULL OR ALTER CASING | MULTIPLE | | CASING TEST A | ND 🗆 | , |
| TOLE ON THE PER SHOULD | COMPLETION | | CEMENT JOB | 1 | |
| | | | | | |
| OTHER: | | | OTHER: Mechan | ical Integrity Test | \boxtimes |
| 12. 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 recompilation. | | | | | |
| 1. Ran mechanical integrity test on August 16, 2001 and tubing-casing annulus held 550 psig for 30 minutes (copy of pressure | | | | | |
| chart attached). Test was witnessed by B. Hill with OCD. | | | | | |
| chair attached). Tost was withoused by S. Mill with O.S. | | | | | |
| 2. Based on successful MIT test, change in classification from active to TA status is requested. | | | | | |
| | | | | | |
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| | | | | 7 | . / . / . |
| | | * * *** | sie Anprova! O | fTemporony / | olip /ple |
| | | iit Al | nis Approval o | Temporory | 9/10/04 |
| | | Th Al | nis Approval o pandonment (| Temporony / expires | 9/10/04 |
| | | Th Al | nis Approval o pandonment (| f Temporosy / xpires/ | 9/10/04 |
| I hereby certify that the information | on above is true and comp | | | | |
| I hereby certify that the information | on above is true and comp | olete to the | best of my knowled | ge and belief. | . 44 |
| 1001 | on above is true and comp | olete to the | best of my knowled | ge and belief. | . 44 |
| I hereby certify that the information | on above is true and comp | olete to the | best of my knowled | | . 44 |
| SIGNATURE SIGNATURE | J. Emily | olete to the | best of my knowled | ge and belief. | DATE09/27/01 |
| SIGNATURE Type or print name RALPH W. | J. Emily | olete to the | best of my knowled | ge and belief. | DATE09/27/01 |
| SIGNATURE SIGNATURE | J. Emily | olete to the | best of my knowled | ge and belief. | DATE09/27/01 |
| Type or print name RALPH W. (This space for State use) |), Everett | TITLE_ | oest of my knowler OPERATIONS F Telephone | lge and belief. ENGINEER No. (405) 478-877 | DATE09/27/01 0 ext. 1278 |
| SIGNATURE Type or print name RALPH W. |), Everett | olete to the | best of my knowled | lge and belief. ENGINEER No. (405) 478-877 | DATE09/27/01 |

