

Submit 3 Copies 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
May 27, 2004

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

WELL API NO. 30-015-35779
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Crow Flats 16 State Com
8. Well Number 003
9. OGRID Number 162683
10. Pool name or Wildcat Crow Flats; Wolfcamp

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 ☐

2. Name of Operator
Cimarex Energy Co. of Colorado

3. Address of Operator
PO Box 140907; Irving, TX 75014-0907

4. Well Location
SHL Unit Letter L : 1980 feet from the South line and 330 feet from the West line
BHL Unit Letter I : 1980 feet from the South line and 330 feet from the East line
Section 16 Township 16S Range 28E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3549' GR

Pit or Below-grade Tank Application ☐ or Closure ☐
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____
Pit Liner Thickness: _____ Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

11-29-07 Spudded 17½" hole.
11-30-07 Ran 13½" 48# H-40 STC casing to 360.' Cemented with lead 175 sx Premium Plus + 4% Bentonite + 1% CaCl₂ + 0.125# Poly-e-flake (wt 13.7, yld 1.67) and tail 220 sx Premium Plus + 2% CaCl₂ (wt 14.8, yld 1.34). Did not circulate cement to surface. Ran temperature survey and found TOC @ 190.' Tagged up @ 185' and pumped 30 sx Class C + 2% CaCl₂ (plug #1). Tagged @ 100' and pumped 108 sx Class C + 2% CaCl₂ (plug #2). Tagged @ 90' and pumped 57 sx Class C + 2% CaCl₂ (plug #3). Tagged @ 75' and pumped 75 sx Class C + 2% CaCl₂ (plug #4). Circulated 26 sx to surface. WOC 15.5 hours.
12-01-07 Pressure tested surface casing to 1000 psi for 30 minutes.
12-04-07 In 12½" hole, ran 9½" 40# J-55 LTC to 1830.' Cemented with lead 260 sx Interfill C + 0.125# Poly-e-flake (wt 11.9, yld 2.45) and tail 215 sx Premium Plus Class C + 1% CaCl₂ (wt 14.8, yld 1.33). Did not circulate cement to surface. Ran temperature survey and found TOC @ 900.' Tagged up @ 830' and pumped 225 sx Premium Plus Class C + 2% CaCl₂. Circulated 21 sx to surface. WOC 28.5 hours.
12-05-07 Pressure tested intermediate casing to 1000 psi for 30 minutes.

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 closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Natalie Krueger TITLE Reg Analyst DATE February 11, 2008
Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 469-420-2723
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
Conditions of Approval (if any):
Accepted for record - NMOCD