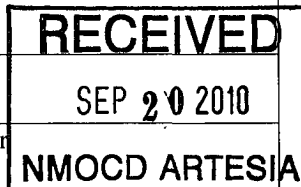


Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S St Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-103  
May 27, 2004

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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)		WELL API NO. 30-015-37719
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Cimarex Energy Co. of Colorado		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld, Ste. 600; Midland, TX 79701		7. Lease Name or Unit Agreement Name State 14 Com
4. Well Location SHL Unit <u>C</u> : <u>375</u> feet from the <u>North</u> line and <u>2120</u> feet from the <u>West</u> line Section <u>14</u> Township <u>19S</u> Range <u>29E</u> NMPM <u>        </u> County <u>Eddy</u>		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3377' GR		9. OGRID Number 162683
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Turkey Track; Bone Spring
Pit type <u>        </u> Depth to Groundwater <u>        </u> Distance from nearest fresh water well <u>        </u> Distance from nearest surface water <u>        </u>		
Pit Liner Thickness: <u>        </u> Below-Grade Tank: Volume <u>        </u> bbls; Construction Material <u>        </u>		



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"/>	Surface & Intermediate Casing <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 05-12-10 Spudded 17½" hole. Ran 13¾" 48# H-40 STC to 450.' Cemented with **Lead 1** 100 sx Thixotropic + 4% Bentonite + 2% CaCl<sub>2</sub> (wt 14.2, yld 1.75) and **Lead 2** 220 sx Halcem-C + 2% CaCl<sub>2</sub> (wt 14.2, yld 1.35) and **Tail** 220 sx Halcem-C + 2% CaCl<sub>2</sub> (wt 14.8, yld 1.35). No returns to surface. TS TOC 90-100.' One-inched w/ 175 sx Thixotropic (wt 14.2, yld 1.63) and circulated 20 sx to surface. WOC 19.5 hours.
- 05-13-10 Pressure-tested surface casing to 700 psi for 30 minutes.
- 05-17-10 In 12¼" hole, ran 9¾" 40# J-55 LTC to 2508.' Cemented with **Lead** 500 sx Econocem + 5# Gilsonite + 5% Salt (wt 12.9, yld 1.85) and **Tail** 215 sx Halcem + 1% CaCl<sub>2</sub> (wt 14.8, yld 1.34).
- 05-18-10 No returns. TS TOC 60-70.' One-inched w/ 75 sx Premium Plus + 2% CaCl<sub>2</sub> (wt 14.8, yld 1.35). Circulated 21 sx to surface. WOC 20.5 hours.
- 05-19-10 Pressure-tested intermediate casing to 1500 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 NMOC D guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Natalie Krueger TITLE Regulatory Analyst DATE September 15, 2010

Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 432-620-1936

**For State Use Only**

APPROVED BY David Gray TITLE Compliance Officer DATE 9-21-10  
Conditions of Approval (if any):