

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. 30-025-37991
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

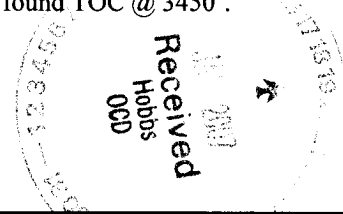
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name Pennzoil B 36 State
2. Name of Operator Cimarex Energy Co. of Colorado	8. Well Number 001	9. OGRID Number 162683
3. Address of Operator PO Box 140907; Irving, TX 75014-0907	10. Pool name or Wildcat Apache Ridge; Bone Spring	
4. Well Location Unit Letter <u>H</u> : <u>1980</u> feet from the <u>North</u> line and <u>660</u> feet from the <u>East</u> line Section <u>36</u> Township <u>19S</u> Range <u>33E</u> NMPM County <u>Lea</u>		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3619' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
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

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

09-25-06 Reached TD of 7-7/8" hole (10777').  
 09-26-06 Ran 5-1/2" 17# P-110 LTC casing to 10777'.  
 09-27-06 Cemented first stage with lead of 220 sx Interfill H SBM (wt 11.9, yld 2.46) + 0.1% HR-7 + 5# Gilsonite + 0.125# Poly-e-flake and tail of 330 sx Super H (wt 13.0, yld 1.67) + 0.5% Halad@344 + 0.4% CFR-3 + 1# Salt + 5# Gilsonite + 0.125# Poly-e-flake + 0.4% HR-7. Circulated 30 bbls cement to surface on first stage.  
 Cemented second stage with lead of 725 sx Interfill H SBM (wt 11.9, yld 2.45) + 0.125# Poly-e-flake and tail of 150 sx Premium H Neat (wt 15.6, yld 1.18). No cement circulated on second stage.  
 10-25-06 Pressure tested casing to 1500 psi for 30 minutes. Ran CBL and found TOC @ 3450'.



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 I DATE January 3, 2007  
 Type or print name Natalie Krueger email address: nkruieger@cimarex.com Telephone No. 469-420-2723  
**For State Use Only**

APPROVED BY: Larry W. Wink TITLE OC DISTRICT SUPERVISOR/GENERAL MANAGER DATE JAN 3 1 2007  
 Conditions of Approval (if any): \_\_\_\_\_