

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(505) 393-6161 Fax:(505) 393-0720

District II
1301 W. Grand Ave., Artesia, NM 88210
Phone:(505) 748-1283 Fax:(505) 748-9720

District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170

District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
Permit 123017

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-37496
1. Type of Well: G		5. Indicate Type of Lease S
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld St, Suite 600, Midland, TX 79701		7. Lease Name or Unit Agreement Name JUMPING SPRING 16 STATE COM
4. Well Location Unit Letter <u>A</u> : <u>990</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>16</u> Township <u>26S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		8. Well Number 001
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3390 GR.		9. OGRID Number 162683
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: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
 TEMPORARILY ABANDON ☐ CHANGE OF PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other:

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 Other: **Drilling/Cement** ☒

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.
 1/28/10 Spud conductor hole. 5/2/10 Spud 17-1/2" hole. 5/3/10 Ran 12 jts 13-3/8" 48# H40 STC @ 467. Cmt w/ lead 200 sx C, tail 200 sx C, circ 191 sx, WOC 20 hr, test to 1250# for 30 min, ok. 5/6/10 In 12-1/4" hole, ran 44 jts 9-5/8" 40# J55 LTC @ 1714. Cmt w/ lead 290 sx 50/50/PC, tail 320 sx C, circ 183 sx, WOC 21.75 hr. 5/7/10 Test to 2800# 30 min, ok. 5/21/10 TD 8-3/4" hole @ 10890. 5/25/10 Ran 275 jts 7" 26# P110 LTC @ 10875. Cmt Stg 1 lead 190 sx 35/65/PH, tail 480 sx PVL, circ 108 sx. Stg 2 lead 500 sx 35/65/PC, tail 150 sx PVL. WOC 24 hr. 5/26/10 RR. 1/28/2010 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
05/03/10	Surf	FreshWater	17.5	13.375	48	H40	0	467	400		C				
05/06/10	Int1	Brine	12.25	9.625	40	J55	0	1714	610		POZC,C				
05/25/10	Prod	CutBrine	8.75	7	26	P110	0	10875	670		POZH, PVL				
05/25/10	Prod	CutBrine	8.75	7	26	P110		10875	650		POZC, PVL				

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 Electronically Signed _____ TITLE Manager Operations Administration DATE 11/12/2010
 Type or print name Zeno Farris E-mail address zfarris@cimarex.com Telephone No. 432-620-1936

For State Use Only:

APPROVED BY: Randy Dade TITLE District Supervisor DATE 11/12/2010 1:09:06 PM