

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 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
August 1, 2011
Permit 147015

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 30-025-40341
1. Type of Well: O		5. Indicate Type of Lease S
2. Name of Operator CIMAREX ENERGY CO.		6. State Oil & Gas Lease No.
3. Address of Operator 600 N MARIENFELD STREET, SUITE 600, MIDLAND, TX 79701		7. Lease Name or Unit Agreement Name TRES EQUIS STATE
4. Well Location Unit Letter <u>1</u> : <u>330</u> feet from the <u>N</u> line and <u>660</u> feet from the <u>E</u> line Section <u>6</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		8. Well Number 004
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3656 GR		9. OGRID Number 215099
10. Pool name or Wildcat		
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.

2/5/12 Spud Well
 2/6/12 TD 17-1/2" surf hole @ 1195'.
 2/7/12 RIH w/ 13-3/8", 48#, H40, STC csg & set @ 1195'. Cmt w/ lead: 785 sx Extendacem; tail w/ 200 sx Halcem C. Circ 304 sx to surf.
 2/12/12 TD 12-1/4" hole @ 4912'.
 2/13/12 RIH w/ 9-5/8", 40#, J55, LTC csg & set @ 4912'. Cmt w/ lead: 1435 sx Econocem HLC, tail w/ 230 sx HalCem C. Circ 526 sx to surf.
 3/10/12 TD 7-7/8" hole @ 15568'.
 3/16/12 RIH w/ 5-1/2", 17#, P110 LTC csg & set @ 15540'. Cmt w/ 1035 sx Econocem H; tail w/ 1325 sx VersaCem H. TOC @ 10770'.
 3/17/12 Release rig 2/5/2012 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
02/07/12	Surf	FreshWater	17.5	13.375	48	H-40	0	1195	985	1.75	C		1200	0	N
02/12/12	Int1	CutBrine	12.25	9.625	40	J-55	0	4912	1655	1.88	c		2800	0	
03/16/12	Prod	CutBrine	7.875	5.5	17	P110	10770	15540	2360	2.46	H		3900	0	N

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 _____ DATE 4/11/2012
 Type or print name GENE A HOLLOWAY E-mail address gholloway@cimarex.com Telephone No. 918-295-1658

For State Use Only:

APPROVED BY: Paul Kautz TITLE Geologist DATE 4/12/2012 8:16:24 AM