| Submit One Copy To Appropriate District - Office | State of New Me | | Form C-103 |
|--|-----------------------------------|--|--|
| District I | Energy, Minerals and Natu | ral Resources | Revised November 3, 2011 |
| 1625 N. French Dr., Hobbs, NM 88240 District II | | | WELL API NO. 30-025-24257 ** |
| 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 5. Indicate Type of Lease |
| District III | 1220 South St. Francis Dr. | | STATE S FEE |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. |
| 1220 S. St. Francis Dr., Santa Fe, NM | | | |
| 87505 | S AND DEDODITS ON WELLS | | 7 Land News and Link Assessment News |
| SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A | | 7. Lease Name or Unit Agreement Name New Mexico L-61 State | |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH | | 8. Well Number | |
| PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other | | | 001 |
| 2. Name of Operator | | | 9. OGRID Number |
| Cimarex Energy Co. of Colorado | | 162683 | |
| 3. Address of Operator | | 10. Pool name or Wildcat | |
| 600 N Marienfeld, Ste 600; Midland, TX 79701 | | Flying "M" San Andres | |
| 4. Well Location | | | |
| Unit Letter B:660 feet from the North line and 1980 feet from the East line | | | |
| Section 06 Township 10S Range 33E NMPM Lea County | | | |
| TE 4 11. Elevation (Show whether DR, RKB, RT, GR, etc.) | | | |
| 4198.1' GR | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | |
| | | | |
| NOTICE OF INTE | | | BSEQUENT REPORT OF: RK |
| | • | | |
| | CHANGE PLANS MULTIPLE COMPL | CASING/CEMEN | RILLING OPN'S. P AND A |
| FOLL ON ALTER CASING [] IV | IOETIFEE COMPL | CASING/CEWEN | AT JOB |
| OTHER: | | ☐ Location is | ready for OCD inspection after P&A |
| All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. | | | |
| Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned. | | | |
| A steel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the | | | |
| OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR | | | |
| UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. All INFORMATION HAS BEEN WELDED OR | | | |
| PERMANENTLY STAMPED ON THE MARKER'S SURFACE. | | | |
| | | | |
| The location has been leveled as nearly as possible to original ground contour and has been cleared of all junk, trash, flow lines and | | | |
| other production equipment. | | | |
| Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level. | | | |
| If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed | | | |
| from lease and well location. | | | |
| All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have | | | |
| to be removed.) | | | |
| All other environmental concerns have been addressed as per OCD rules. | | | |
| Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. All fluids have been removed from non- | | | |
| retrieved flow lines and pipelines. | maining well on lease; all electr | ical camuica nales a | nd lines have been removed from lease and well |
| location, except for utility's distribution | | ical service poles a | nd lines have been removed from icase and wen |
| rotation, except for armity a distribution | Till dod dotte of | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | |
| A Commission of the Commission | | | |
| SIGNATURE | TITLE | Asst. Product | ion Foreman DATE 2-13-13 |
| TYPE OR FRINT NAME Ronnie Hayes E-MAIL: rhayes@cimarex.com PHONE: 575-390-0757 | | | |
| TYPE OR FRINT NAME Ronnie Hayes E-MAIL: rhayes@cimarex.com PHONE: 575-390-0757 For State Use Only | | | |
| 1 1 State Coo Villy A 1 7 ak | | | |
| APPROVED BY: Malustonown TITLE Compliances allies DATE TO | | | |
| Conditions of Approval (if any): | | | |
| () | | | |