

Submit To Appropriate District Office Two Copies District I 1625 N. French Dr., Hobbs, NM 88240 District II 811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505		<b>HOBBS OCD</b> State of New Mexico Energy, Minerals and Natural Resources <div style="position: relative; height: 40px;"> <span style="position: absolute; top: -20px; left: 0;">MAY 28 2014</span> <span style="position: absolute; bottom: -20px; left: 0;">RECEIVED</span> </div> Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505				<b>Form C-105</b> Revised August 1, 2011				
1. WELL API NO. <div style="text-align: right;">30-025-41141</div>										
2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN										
3. State Oil & Gas Lease No.										
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>										
4. Reason for filing: <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input checked="" type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)						5. Lease Name or Unit Agreement Name <div style="text-align: center;">Quail 11 State</div>				
						6. Well Number: <div style="text-align: center;">3</div>				
7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER										
8. Name of Operator <div style="text-align: center;">Cimarex Energy Co.</div>						9. OGRID <div style="text-align: center;">215099</div>				
10. Address of Operator <div style="text-align: center;">600 N. Marienfeld Street, Suite 600, Midland, TX 79701</div>						11. Pool name or Wildcat <div style="text-align: center;">Scharb; Bone Spring</div>				
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	N/S Line	Feet from the	E/W Line	County
Surface:	M	11	19S	34E		330	South	530	West	Lea
BH:	D	11	19S	34E		403	North	617	West	Lea
13. Date Spudded 3/10/14	14. Date T.D. Reached 4/1/14	15. Date Rig Released 4/6/14		16. Date Completed (Ready to Produce) 4/24/14		17. Elevations (DF and RKB, RT, GR, etc.) 3982' GR				
18. Total Measured Depth of Well 15124		19. Plug Back Measured Depth 15121		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run DSN & DLL				
22. Producing Interval(s), of this completion - Top, Bottom, Name <div style="text-align: center;">10940-15095, Bone Spring</div>										
<b>23. CASING RECORD (Report all strings set in well)</b>										
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED
13 3/8		48		1946		17 1/2		1835		421
9 5/8		36		3604		12 1/4		1020		36
5 1/2		17		15124		8 1/2		2650		455
<b>24. LINER RECORD</b>										
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN		25. TUBING RECORD				
						SIZE	DEPTH SET	PACKER SET		
						2 7/8"	10312			
26. Perforation record (interval, size, and number)  10940-15095, .42, 384 holes					27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.					
					DEPTH INTERVAL		AMOUNT AND KIND MATERIAL USED			
					10940-15095		1,548,834 gal total fluid & 2,305,992 # Sand			
<b>28. PRODUCTION</b>										
Date First Production 4/24/14		Production Method ( <i>Flowing, gas lift, pumping - Size and type pump</i> ) flowing				Well Status ( <i>Prod. or Shut-in</i> ) producing				
Date of Test 5/14/14	Hours Tested 24	Choke Size 48/64	Prod'n For Test Period	Oil - Bbl 317	Gas - MCF 275	Water - Bbl. 220	Gas - Oil Ratio 867.51			
Flow Tubing Press. 0	Casing Pressure 115	Calculated 24-Hour Rate	Oil - Bbl. 317	Gas - MCF 275	Water - Bbl. 220	Oil Gravity - API - ( <i>Corr.</i> ) 42.50				
29. Disposition of Gas ( <i>Sold, used for fuel, vented, etc.</i> ) Sold							30. Test Witnessed By			
31. List Attachments C-103, C-104, C-144, Directional Survey										
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.										
33. If an on-site burial was used at the well, report the exact location of the on-site burial:										
Latitude			Longitude			NAD 1927 1983				
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief										
Signature <i>Aricka Easterling</i>		Printed Name Aricka Easterling		Title Regulatory Analyst		Date 05/23/2014				
E-mail Address aeasterling@cimarex.com										

## INSTRUCTIONS

JUN 09 2014

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

## OIL OR GAS SANDS OR ZONES

## IMPORTANT WATER SANDS

No. 1, from.....to.....feet.....  
No. 2, from.....to.....feet.....  
No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology