AUG 1 3 2014

| Submit One Copy To Appropriate District Office | State of New Mexico | | RECEIVED | Form C-103 Revised November 3, 2011 |
|--|--|--------------------------|--------------------------------------|--|
| <u>District I</u> 1625 N. French Dr., Hobbs, NM 88240 | Energy, Minerals and Natural Resources | | WELL API NO. | Revised November 5, 2011 |
| District II 811 S. First St., Artesia, NM 88210 | OIL CONSERVATION DIVISION | | 30-025-37781 | |
| District III | 1220 South St. Francis Dr. | | 5. Indicate Type of Lease STATE FEE | |
| 1000 Rio Brazos Rd., Aztec, NM 87410 District IV | 00 Rio Brazos Rd., Aztec, NM 87410 Strict IV Santa Fe, NM 87505 | | 6. State Oil & Gas Lease No. | |
| 1220 S. St. Francis Dr., Santa Fe, NM 87505 | | 35573 | | |
| SUNDRY NOTICES AND REPORTS ON WELLS (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 | | | 7. Lease Name or | Unit Agreement Name |
| | | | | ll North 4 Fee |
| PROPOSALS.) | | | 8. Well Number | 001 |
| 1. Type of Well: Oil Well Gas Well Other Plugged and abandoned Gas | | | 0 000 N 1 | 001 |
| Name of Operator Cimarex Energy | Co. | • | 9. OGRID Numb | er 215099 |
| 3. Address of Operator | | 10. Pool name or Wildcat | | |
| 600 N. Marienfeld Street, Suite 600; Midland, TX 79701 | | | Caudill; Permo, Upper Penn | |
| 4. Well Location | | | | |
| Unit Letter M: 660 | feet from the South li | | _feet from the | West line |
| Section 4 Township | | MPM Lea | County | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3925' GR | | | | |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data | | | | |
| NOTICE OF INT | ENTION TO: | SUB | SEQUENT RE | PORT OF: |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ARANDON REMEDIAL WORK ALTERING CASING TEMPORARILY ARANDON REMEDIAL WORK ALTERING CASING TOTAL REMEDIAL WORK TOTAL REM | | | | |
| TEMPORARILY ABANDON | | | | |
| POLE ON AETEN GASING | MOLTIFEE COMPE | CASING/CEMEN | 1 300 | 49,13 |
| OTHER: | | ☐ Location is re | eady for OCD inspe | ection 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. | | | | |
| If this is a one-well lease or last re | emaining well on lease: all electric | cal service poles an | d lines have been re | moved from lease and well |
| location, except for utility's distribution | on infrastructure. | - | | |
| When all work has been completed, return this form to the appropriate District office to schedule an inspection. | | | | |
| SIGNATURE | TITLE | Assistant Productio | n Foreman DATE | 08/06/2014 |
| TYPE OR PRINT NAME Ronnie H | Haves E-MAIL: rhayes | s@cimarex.com | PHON | E: (575) 390-0757 |
| APPROVED BY: Mah Whiteh TITLE Compliance Officer DATE 8-25-2019 Conditions of Approval (if any): | | | | |
| APPROVED BY: DATE D'25 2014 Conditions of Approval (if any): | | | | |
| Conditions of Experovat (it airy). | | • | ALIC | 9 7 2014 |