

District I - (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II - (575) 748-1283
811 S. First St., Artesia, NM 88210
District III - (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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 PROPOSALS.)		WELL API NO. 30-025-30914
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO.		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701		7. Lease Name or Unit Agreement Name GRAHAM, R.E. "7"
4. Well Location Unit Letter O : 660 feet from the SOUTH line and 1980 feet from the EAST line Section 07 Township 18S Range 32E NMPM County LEA		8. Well Number 004
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,763' - GR		9. OGRID Number 215099
		10. Pool name or Wildcat NORTH YOUNG; BONE SPRING

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

NOTICE OF INTENTION PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER:	INT TO P&A P&A NR <u>KS</u> P&A R	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>
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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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

02/09/18: TAG PBTD @ 7,628'; CIRC. WELL W/ M.L.F. X PRES. TEST CSG. TO 750# - HELD OK X APPROVED BY OCD.; PUMP 25 SXS. CMT. @ 7,628'-7,458'; PUMP 25 SXS. CMT. @ 6,874'; WOC.
 02/10/18: TAG CMT. @ 6,580' (OK'D BY OCD); PUMP 25 SXS. CMT. @ 6,283'-6,123'; PUMP 95 SXS. CMT. @ 3,150'; WOC.
 02/11/18: TAG CMT. @ 2,350'; CUT 5-1/2" CSG. @ 2,000' - NOT FREE; SQZ. 35 SXS. CMT. @ 2,000' (PER OCD); WOC.
 02/12/18: TAG CMT. @ 1,895' (OK'D BY OCD); PERF. X SQZ. 45 SXS. CMT. @ 1,055'; WOC X TAG CMT. @ 850 (OK'D OCD).
 02/13/18: PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 220 SXS. CMT. @ 695'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.
 Restoration Due By 02-12-2019

Spud Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David A. Eyler TITLE: AGENT DATE: 02/15/18
 Type or print name: DAVID A. EYLER E-mail address: deyler@milagro-res.com PHONE: 432.687.3033
For State Use Only
 APPROVED BY: Mark Whitcher TITLE: P.E.S. DATE: 02-19-2018
 Conditions of Approval (if any):