

Submit 1 Copy To Appropriate District
Office
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

Form C-103
Revised July 18, 2013

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

HOBBS OGD
JAN 22 2019
RECEIVED

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-44723
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 checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Cimarex Energy Co.		6. State Oil & Gas Lease No. L0-3882-0002
3. Address of Operator 600 N. Marienfeld St., Suite 600 Midland, TX 79701		7. Lease Name or Unit Agreement Name Canyonlands 2 State Com
4. Well Location Unit Letter <u>P</u> : <u>390</u> feet from the <u>South</u> line and <u>1000</u> feet from the <u>East</u> line Section <u>02</u> Township <u>24S</u> Range <u>34E</u> NMPM County <u>Lea</u>		8. Well Number <u>2H</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426' GR		9. OGRID Number 215099
		10. Pool name or Wildcat Antelope Ridge; Wolfcamp (2220)

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

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.

Cimarex completed this well as follows:

08/28/2018 TOC @ 10,997'.
10/01/2018 Test csg to 11270 psi for 30 minutes. Test failed.
10/03/2018 Test csg to 11410 psi for 30 minutes. Test failed.
10/04/2018 Repaired leaking plug valve on coil tbg BOP.
10/05/2018 Test csg to 11476 psi for 30 minutes. Ok. SI well.
10/15/2018 to
10/21/2018 Perf Wolfcamp @ 11,727'-16,166', 493 holes, .40". Frac w/ 214,809 bbls total fluid & 10,462,064# sand.
10/26/2018 DO plugs & CO to PBTD @ 16,191'.
10/30/2018 RIH w/ 2-7/8" 6.5# L-80 8rd prod tbg & pkr set @ 10,967'.
11/08/2018 Turn well to production.

Spud Date: 07/09/2018

Rig Release Date: 08/30/2018

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

SIGNATURE [Signature] TITLE Regulatory Analyst DATE 01/17/2019

Type or print name Fatima Vasquez E-mail address: fvasquez@cimarex.com PHONE: (432) 620-1933

For State Use Only

APPROVED BY: [Signature] TITLE Staff Mgr DATE 1-23-19
Conditions of Approval (if any):