

District I 1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720 District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720 District III 1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462	State of New Mexico Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505	Form C-103 August 1, 2011 Permit 302319 WELL API NUMBER 30-015-46335 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name PARKWAY 15 14 NORTH STATE COM																				
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.)																						
1. Type of Well: O		8. Well Number 002H																				
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO		9. OGRID Number 162683																				
3. Address of Operator 600 N. Marienfeld Street, Suite 600, Midland, TX 79701		10. Pool name or Wildcat																				
4. Well Location Unit Letter <u>D</u> : <u>1230</u> feet from the <u>N</u> line and feet <u>390</u> from the <u>W</u> line Section <u>15</u> Township <u>19S</u> Range <u>29E</u> NMPM _____ County <u>Eddy</u>																						
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3345 GR																						
Pit or Below-grade Tank Application ☐ or Closure ☐ Pit Type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____																						
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data <table style="width:100%;"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>PERFORM REMEDIAL WORK ☐</td> <td>PLUG AND ABANDON ☐</td> <td>REMEDIAL WORK ☐</td> <td>ALTER CASING ☐</td> </tr> <tr> <td>TEMPORARILY ABANDON ☐</td> <td>CHANGE OF PLANS ☐</td> <td>COMMENCE DRILLING OPNS. ☐</td> <td>PLUG AND ABANDON ☐</td> </tr> <tr> <td>PULL OR ALTER CASING ☐</td> <td>MULTIPLE COMPL ☐</td> <td>CASING/CEMENT JOB ☐</td> <td></td> </tr> <tr> <td colspan="2">Other: _____</td> <td colspan="2">Other: Perforations/Tubing ☒</td> </tr> </table>			NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☐	ALTER CASING ☐	TEMPORARILY ABANDON ☐	CHANGE OF PLANS ☐	COMMENCE DRILLING OPNS. ☐	PLUG AND ABANDON ☐	PULL OR ALTER CASING ☐	MULTIPLE COMPL ☐	CASING/CEMENT JOB ☐		Other: _____		Other: Perforations/Tubing ☒	
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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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion. 5/18/21 Test prod csg to 9800 for 30mins, good test. 6/15/21 - 6/24/21 Perf and Frac 9040 - 18,997, 48 stages, 1632 holes. Frac w/15,860,574 gals slick water, 20,228,797 100 mesh sand. 6/29/21 Drill out plugs, PBTD @ 19,128. 7/2/21 Ran 252jts 2-7/8 tubing 6.5#, L80 @ 8087 and ESP, separator and sensor @ 8252. 7/4/21 Turn to production. 7/12/21 1st Production.																						
Perforations Pool: TURKEY TRACK; BONE SPRING , 60660 Location: H -14-19S-29E 2272 N 101 E																						
TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount															
9040	18997	N	6	0.41	Sand	Frac	20228797															
Tubing TURKEY TRACK;BONE SPRING , 60660																						
Tubing Size		Type	Depth Set	Packer Set																		
2.875		L80	8087	0																		
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOC guidelines ☐ , a general permit ☐ or an (attached) alternative OCD-approved plan ☐ .																						
SIGNATURE		ELECTRONICALLY SIGNED		TITLE		DATE																
Type or print name		Ashley Bergen		E-mail address		Telephone No.																
				abergen@cimarex.com		432-620-1974																
For State Use Only: APPROVED BY: John A Garcia TITLE Petroleum Specialist - A DATE 4/20/2022 9:39:20 AM																						