

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

WELL API NO.
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name
8. Well Number
9. OGRID Number
10. Pool name or Wildcat

**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: Oil Well  Gas Well  Other

2. Name of Operator

3. Address of Operator

4. Well Location  
Unit Letter \_\_\_\_\_ : \_\_\_\_\_ feet from the \_\_\_\_\_ line and \_\_\_\_\_ feet from the \_\_\_\_\_ line  
Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ NMPM \_\_\_\_\_ County \_\_\_\_\_

11. Elevation (Show whether DR, RKB, RT, GR, etc.)

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

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
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: <input 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.

Spud Date:

Rig Release Date:

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

SIGNATURE  TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Type or print name \_\_\_\_\_ E-mail address: \_\_\_\_\_ PHONE: \_\_\_\_\_

**For State Use Only**

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any):

District I  
 1625 N. Fresh Dr., Hobbs, NM 88240  
 Phone: (575) 393-6151 Fax: (575) 393-0720

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
 Oil Conservation Division Hobbs District Office

**BRADENHEAD TEST REPORT**

Operator Name <b>coterra energy</b>	API Number <b>30-025-43626</b>
Property Name <b>state lf 32-5</b>	Well No. <b>2h</b>

**1. Surface Location**

UL - Lot	Section	Township	Range	Feet from	N/S Line	Feet From	E/W Line	County <b>lea</b>
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**Well Status**

TA'D WELL YES <input checked="" type="checkbox"/> NO	SHUT-IN YES <input checked="" type="checkbox"/> NO	INJECTOR INJ <input type="checkbox"/> SWD <input type="checkbox"/>	PRODUCER <input checked="" type="checkbox"/> OIL <input type="checkbox"/> GAS	DATE <b>12-30-2022</b>
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**OBSERVED DATA**

	(A)Surface	(B)Interm(1)	(C)Interm(2)	(D)Prod Csmg	(E)Tubing
Pressure	<b>0</b>	<b>0</b>			
Flow Characteristics					
Puff	<b>Y / <del>N</del></b>	<b>Y / <del>N</del></b>	<b>Y / N</b>	<b>Y / N</b>	CO2 _____ WTR _____ GAS _____ Type of Fluid Injected for Waterflood if applies
Steady Flow	<b>Y / <del>N</del></b>	<b>Y / <del>N</del></b>	<b>Y / N</b>	<b>Y / N</b>	
Surges	<b>Y / <del>N</del></b>	<b>Y / <del>N</del></b>	<b>Y / N</b>	<b>Y / N</b>	
Down to nothing	<b><del>Y</del> / N</b>	<b><del>Y</del> / N</b>	<b>Y / N</b>	<b>Y / N</b>	
Gas or Oil	<b>Y / <del>N</del></b>	<b>Y / <del>N</del></b>	<b>Y / N</b>	<b>Y / N</b>	
Water	<b>Y / <del>N</del></b>	<b>Y / <del>N</del></b>	<b>Y / N</b>	<b>Y / N</b>	

Remarks - Please state for each string (A,B,C,D,E) pertinent information regarding bleed down or continuous build up if applies.

Signature: <b>Josh Jones</b>	OIL CONSERVATION DIVISION
Printed name: <b>josh jones</b>	Entered into RBDMS
Title: <b>forman</b>	Re-test
E-mail Address: <b>joshua.jones@coterra.com</b>	
Date: <b>12-30-2022</b> Phone: <b>575-942-0756</b>	
Witness:	

INSTRUCTIONS ON BACK OF THIS FORM

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 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**

CONDITIONS  
 Action 171400

**CONDITIONS**

Operator: CIMAREX ENERGY CO. 6001 Deauville Blvd Midland, TX 79706	OGRID: 215099
	Action Number: 171400
	Action Type: [C-103] Sub. Workover (C-103R)

**CONDITIONS**

Created By	Condition	Condition Date
kfortner	None	9/30/2024