

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 87240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. 30-015-23373
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: JURNEGAN STATE
8. Well Number #001
9. OGRID Number 162683
10. Pool name or Wildcat MOSLEY CANYON, STRAWN (GAS)

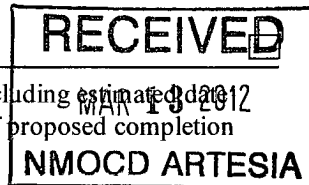
Pit or Below-grade Tank Application ☐ or Closure ☒  
Pit type STEEL Depth to Groundwater: \_\_\_\_\_ Distance from nearest fresh water well: \* \_\_\_\_\_ Distance from nearest surface water: \* \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbs; Construction Material \* NONE WITHIN 1,000'

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	7. Lease Name or Unit Agreement Name: JURNEGAN STATE
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO AITN: ZENO FARRIS	8. Well Number #001
3. Address of Operator 600 N. MARTENFELD, SUITE 600, MIDLAND, TEXAS 79701	9. OGRID Number 162683
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>12</u> Township <u>24S</u> Range <u>24E</u> NMPM County <u>EDDY</u>	10. Pool name or Wildcat MOSLEY CANYON, STRAWN (GAS)
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4120.4' - GR</u>	

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 checked="" 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"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/02/11: PUMP A 25 SX. CMT. PLUG @ 9,200' (PER NMOCD); WOC X TAG CMT. PLUG @ 8,890'.  
10/03/11: PERF. X SQZ. A 65 SX. CMT. PLUG @ 7,975'; WOC X TAG CMT. PLUG @ 7,768'.  
10/05/11: PERF. X SQZ. A 55 SX. CMT. PLUG @ 4,757'; WOC X TAG CMT. PLUG @ 4,585'.  
10/06/11: CUT X PULL 4-1/2" CSG. @ 2,769'; PUMP A 65 SX. CMT. PLUG @ 2,828'; WOC X TAG CMT. PLUG @ 2,624'.  
10/07/11: PUMP A 45 SX. CMT. PLUG @ 533'-433' (CALC.); MIX X CIRC. TO SURF. A 25 SX. CMT. PLUG @ 63'-3';  
DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 10/07/11.

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 NMOCD guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐

SIGNATURE David A. Eyler TITLE AGENT DATE 10/10/11

Type or print name DAVID A. EYLER

E-mail address: deyler@milagro-res.com

Telephone No. (432) 687-3033

For State Use Only

APPROVED BY [Signature] TITLE \_\_\_\_\_

Conditions of Approval, if any:

Approved for plugging of well bore only.  
Liability under bond is retained pending receipt  
of C-103 (Subsequent Report of Well Plugging)  
which may be found at OCD Web Page under  
Forms. www.emnrd.state.nm.us/oed.

DATE 3/13/2012