

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

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

JAN 13 2009
OCD-ARTESIA

Form C-103
May 27, 2004

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. 30-015-29399
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. OF COLORADO ATTN: ZENO FARRIS		6. State Oil & Gas Lease No.
3. Address of Operator P.O. BOX 140907, IRVING, TEXAS 75014-0907		7. Lease Name or Unit Agreement Name: MALLON 16 STATE
4. Well Location Unit Letter <u>F</u> : <u>1880</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>24S</u> Range <u>26E</u> NMPM <u>EDDY</u> County <u>NM</u>		8. Well Number
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,425 GR		9. OGRID Number 001
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <u>STEEL</u> 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 <u>*NONE WITHIN 1,000'</u>		10. Pool name or Wildcat BLACK RIVER - DELAWARE

**Notify OCD 24 hrs. prior
to any work done**

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☒
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.

COMPLY WITH ALL COMPANY & GOVERNMENT ENVIRONMENT & SAFETY REGULATIONS. ANYONE ON THE JOB LOCATION HAS THE AUTHORITY TO SHUT DOWN UNSAFE OPERATIONS.

- 1) MIX & PUMP A 25 SX. CMT. PLUG ON TOP OF EXISTING CIBP @ 2,677'; CIRC. WELL W/ FXA MUD.
- 2) MIX & PUMP A 25 SX. CMT. PLUG @ 1,850'-1,650'.
- 3) MIX & PUMP A 25 SX. CMT. PLUG @ 1,510'-1,310' (B/SALT); WOC & TAG TOP OF CMT. PLUG.
- 4) MIX & PUMP A 50 SX. CMT. PLUG @ 565'-250' (CSG. SHOE & T/SALT); WOC & TAG TOP OF CMT. PLUG.
- 5) MIX & PUMP A 10 SX. CMT. PLUG @ 63'-3'; DIG OUT & CUT OFF WELLHEAD 3' B.G.L. & WELD ON DRY HOLE MARKER.

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. Eyer TITLE AGENT DATE 01/12/09

Type or print name DAVID A. EYLER

E-mail address: DEYLER@MTLAGRO-RES.COM
Approval Granted providing work is complete by 4/13/09

Telephone No. 432-687-3033

For State Use Only

APPROVED BY [Signature] TITLE Comptroller DATE 1/13/09
Conditions of Approval, if any:

ENGINEERING CHART

FILE _____

APPN _____

DATE 01/12/09

BY DAE

SUBJECT Mallon 16, State #1

Well bore diagram

API # 30-015-29399

UPDATED 01/08/09

