

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

MAR 13 2009

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. 30-015-10195
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 COMPANY OF COLORADO ATTN: ZENO FARRIS		6. State Oil & Gas Lease No. B-9646
3. Address of Operator 5215 N. O'CONNOR BLVD., SUITE 1500, IRVING, TEXAS 75039		7. Lease Name or Unit Agreement Name: MONTEREY STATE
4. Well Location Unit Letter <u>O</u> : <u>990</u> feet from the <u>SOUTH</u> line and <u>2,310'</u> feet from the <u>EAST</u> line Section <u>32</u> Township <u>18S</u> Range <u>31E</u> NMPM County <u>EDDY</u>		8. Well Number 005
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,571' - GR		9. OGRID Number
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/>		10. Pool name or Wildcat SHUGART (YATES, 7-RIVERS, QN., GB)
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>		

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.

03/02/09: TAG EXISTING CIBP + CMT. @ 2,365'; CIRC. WELL W/ PKA MUD.

03/03/09: PERF. SQZ. HOLES IN 5-1/2" CSG. @ 2,145'; ATTEMPT TO PUMP INTO SQZ. HOLES BUT PRES. UP TO 1,500#; MIX & PUMP A 25 SX. CMT. PLUG @ 2,195'; WOC & TAG TOP OF CMT. PLUG @ 1,941'.

03/04/09: PERF. SQZ. HOLES IN 5-1/2" CSG. @ 970'; ATTEMPT TO PUMP INTO SQZ. HOLES BUT PRES. UP TO 1,500#; MIX & PUMP A 35 SX. CMT. PLUG @ 1,020'; WOC & TAG TOP OF CMT. PLUG @ 755'; MIX & CIRC. TO SURFACE A 25 SX. CMT. PLUG @ 200'-3'; DIG OUT & CUT OFF WELLHEAD 3' B.G.L. & INSTALL DRYHOLE MARKER.

WELL PLUGGED AND ABANDONED 03/04/09.

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 03/10/09

Type or print name DAVID A. EYLER

For State Use Only

APPROVED BY [Signature] TITLE _____

Conditions of Approval, if any:

E-mail address:

DEYLER@MTLACRO-RES.COM

Telephone No. 432.687.3033

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 DATE 3/16/09
Forms. www.emnrd.state.nm.us/oed.