

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 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

Rm

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

WELL API NO. 30-015-37376
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 Parkway State Com
8. Well Number 003
9. OGRID Number 162683
10. Pool name or Wildcat Turkey Track; Bone Spring

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
Cimarex Energy Co. of Colorado

3. Address of Operator
600 N. Marienfeld, Ste. 600; Midland, TX 79701

4. Well Location
 SHL Unit Letter M : 330 feet from the South line and 330 feet from the West line
 Section 15 Township 19S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
 3343' 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: _____ Below-Grade Tank: Volume _____ bbls; Construction Material _____

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 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 checked="" type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <input type="checkbox"/>	Production Casing <input checked="" 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.

01-04-10 Reached TD of 8 3/4" hole (8100').

01-05-10 Ran 7" 26# P-110 LTC to 7622' and 2 7/8" 2.18# IJ Fiberglass tubing from 7622-8000.' Cemented with Lead 550 sx HLH + 3% Salt + 3# Gilsonite (wt 12.9, yld 1.83) and Tail 400 sx Halcem H + 0.5% Halad-R (wt 15.6, yld 1.2). Estimated TOT 6600.'

01-06-10 Pressure-tested production casing to 3000 psi for 30 minutes. WOC 17 hours. Drilled to KOP @ 7690' w/ 6 1/2" bit.

01-07-10 Kicked off 6 1/2" lateral.

01-18-10 Reached TD...MD 12324' TVD 7974.'

01-21-10 Ran PEAK completion liner: 4 1/2" 11.6# P-110 BTC from liner hanger @ 7372 - 8608' and 4 1/2" 11.6# P-110 LTC from 8608 - 12096.'

01-22-10 Released rig.

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 Natalie Krueger TITLE Regulatory Analyst DATE June 7, 2010

Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 432-620-1936

For State Use Only

APPROVED BY David Gray TITLE Field Supervisor DATE 6-17-2010

Conditions of Approval (if any):