

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

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

WELL API NO.  
 30-015-37632

5. Indicate Type of Lease  
 STATE  FEE

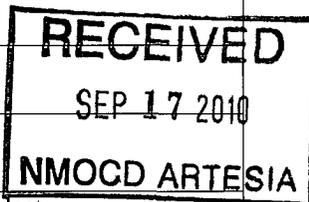
6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name  
 Magnum 16 State

8. Well Number  
 003

9. OGRID Number  
 162683

10. Pool name or Wildcat  
 Parkway; 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 P : 330 feet from the South line and 810 feet from the East line  
 Section 16 Township 19S Range 29E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3349' 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: _____	Surface & Intermediate 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.

- 04-08-10 Spudded 17½" hole.
- 04-09-10 Ran 13¾" 48# H-40 STC to 450.' Cemented with First Lead 100 sx Thixotropic + 10# Gilsonite + 10# Cal-Seal-60 + 1% CaCl<sub>2</sub> + 0.125# Poly-e-flake (wt 14.2, yld 1.63) and Second Lead 220 sx Econocem + 2% Salt + 4# Bentonite (wt 13.5, yld 1.75) and Tail 220 sx Halcem-C + 2% CaCl<sub>2</sub> (wt 14.8, yld 1.35). No returns to surface.
- 04-10-10 Ran temperature survey – TOC 124.' One-inched w/ 200 sx Premium Plus + 3% CaCl<sub>2</sub> (wt 14.8, yld 1.35). Tagged @ 90.' One-inched w/ 100 sx Premium Plus + 3% CaCl<sub>2</sub> (wt 14.8, yld 1.35). Tagged @ 50.' One-inched w/ 42 sx Premium Plus + 3% CaCl<sub>2</sub> (wt 14.8, yld 1.35). Circulated 8 sx to surface. Pressure-tested surface casing to 600 psi for 30 minutes. WOC 12 hours.
- 04-13-10 In 12¼" hole, ran 9½" 40# J-55 LTC to 2520.' Cemented with Lead 600 sx Econocem-HLC + 5% Salt + 5# Gilsonite (wt 12.9, yld 1.85) and Tail 215 sx Halcem-C + 1% CaCl<sub>2</sub> (wt 14.8, yld 1.34). Circulated 60 sx to surface. WOC 23 hours.
- 04-14-10 Pressure-tested intermediate casing to 1500 psi for 30 minutes.

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 September 9, 2010  
 Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 432-620-1936

For State Use Only

APPROVED BY Donald Gray TITLE Compliance Officer DATE 9-20-10  
 Conditions of Approval (if any): \_\_\_\_\_

OKH