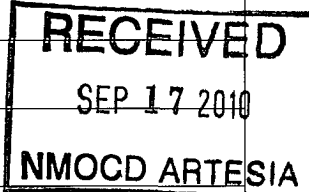


Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM
87505

State of New Mexico
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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. 30-015-37632
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		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld, Ste. 600; Midland, TX 79701		7. Lease Name or Unit Agreement Name Magnum 16 State
4. Well Location SHL Unit <u>P</u> : <u>330</u> feet from the <u>South</u> line and <u>810</u> feet from the <u>East</u> line Section <u>16</u> Township <u>19S</u> Range <u>29E</u> NMPM <u> </u> County <u>Eddy</u>		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3349' GR		9. OGRID Number 162683
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		10. Pool name or Wildcat Parkway; Bone Spring
Pit type <u> </u> Depth to Groundwater <u> </u> Distance from nearest fresh water well <u> </u> Distance from nearest surface water <u> </u>		
Pit Liner Thickness: <u> </u> Below-Grade Tank: Volume <u> </u> bbls; Construction Material <u> </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 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: <u>Surface & Intermediate Casing</u> <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 13½" 48# H-40 STC to 450.' Cemented with First Lead 100 sx Thixotropic + 10# Gilsonite + 10# Cal-Seal-60 + 1% CaCl₂ + 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% CaCl₂ (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% CaCl₂ (wt 14.8, yld 1.35). Tagged @ 90.' One-inched w/ 100 sx Premium Plus + 3% CaCl₂ (wt 14.8, yld 1.35). Tagged @ 50.' One-inched w/ 42 sx Premium Plus + 3% CaCl₂ (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% CaCl₂ (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):

OK