

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

Form C-103  
May 27, 2004

WELL API NO. 30-015-23373
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 JURNEGAN STATE
8. Well Number #001
9. OGRID Number 162683
10. Pool name or Wildcat MOSLEY CANYON, STRAWN (GAS)

RECEIVED  
OCT 27 2011  
NMOCD ARTESIA

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 <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701
4. Well Location Unit Letter <u>L</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>WEST</u> line Section <u>12</u> Township <u>24S</u> Range <u>24E</u> NMPM County <u>EDDY</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 4120.4' - GR
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>

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.

10/02/11: PUMP A 25 SX. CMT. PLUG @ 9,200' (PER NMOCD); WOC X TAG CMT. PLUG @ 8,890'.  
10/03/11: PERF. X SQZ. A 65 SX. CMT. PLUG @ 7,975'; WOC X TAG CMT. PLUG @ 7,768'.  
10/05/11: PERF. X SQZ. A 55 SX. CMT. PLUG @ 4,757'; WOC X TAG CMT. PLUG @ 4,585'.  
10/06/11: CUT X PULL 4-1/2" CSG. @ 2,769'; PUMP A 65 SX. CMT. PLUG @ 2,828'; WOC X TAG CMT. PLUG @ 2,624'.  
10/07/11: PUMP A 45 SX. CMT. PLUG @ 533'-433' (CALC.); MIX X CIRC. TO SURF. A 25 SX. CMT. PLUG @ 63'-3';  
DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 10/07/11.

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 10/10/11

Type or print name DAVID A. EYER

E-mail address: deyler@milagro-res.com

Telephone No. (432) 687-3033

For State Use Only

APPROVED BY Dr. H. Sepan TITLE Dr. H. Sepan DATE 11/2/11

Conditions of Approval, if any: