| Submit I Copy To Appropriate District Office  State of New  |                        | Form C-103                            |
|---|------------------------|---------------------------------------|
| District 1 – (575) 393-6161 Energy, Minerals and Natural Resources  |                        | Revised July 18, 2013 WELL API NO.    |
| 1625 N. French Dr., Hobbs, NM 88240<br><u>District II</u> – (575) 748-1283  |                        | 30-015-41628                          |
| 811 S. First St., Artesia, NM 88210 OIL CONSERVATION  |                        | 5. Indicate Type of Lease             |
| District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410   |                        | STATE FEE                             |
| District IV – (505) 476-3460 Santa Fe, NM 87505  1220 S. St. Francis Dr., Santa Fe, NM  |                        | 6. State Oil & Gas Lease No.          |
| 87505   |                        |                                       |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                        | 7. Lease Name or Unit Agreement Name  |
| (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 |                        | Cottonwood Hills 32 St Com            |
| PROPOSALS.)   |                        | 8. Well Number                        |
| Type of Well: Oil Well ☐ Gas Well ☒ Other      Name of Operator   |                        | 5H 9. OGRID Number                    |
| Cimarex Energy Co.  |                        | 215099                                |
| 3. Address of Operator  |                        | 10. Pool name or Wildcat              |
| 202 S. Cheyenne Ave, Suite 1000, Tulsa, OK 74103  |                        | Wildcat-G-03 S252636M; Bone Spring    |
| 4. Well Location  |                        |                                       |
| Unit LetterP:330feet from theSouth  | <del></del>            | feet from theEastline                 |
| Section 32 Township 25  |                        | NMPM Eddy County                      |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)  |                        |                                       |
| 3159' GR  |                        |                                       |
| 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  |                        |                                       |
| 12. Check Appropriate Box to indicate traduce of Notice, Report of Other Data   |                        |                                       |
| NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:   |                        |                                       |
| PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING  |                        |                                       |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A  |                        |                                       |
| PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB   DOWNHOLE COMMINGLE  |                        |                                       |
| DOWNHOLE COMMINGLE   CLOSED-LOOP SYSTEM   | ,                      |                                       |
| OTHER: OTHER: Completion  |                        |                                       |
| 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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of                                      |                        |                                       |
| proposed completion or recompletion.  |                        |                                       |
| Completion:   |                        |                                       |
|   |                        |                                       |
| 6/6/14 Test Casing to 9000# for 30 min. Good Test. TOC @ 1100'.   |                        |                                       |
| 6/7/14 to 6/19/14 Perf Bone Spring @ 7223-11793, 720 holes. Frac w/ 3,289,734 gal of total fluid & 5,015,484 # sand.                                |                        |                                       |
| 6/20/14 Mill plugs.Flow well. PBTD @ 11823'. 6/24/14 RIH w/ 2 3/8" tubing & packer, Set @ 6820. GLV's @ 1712, 3107, 4244, 5155, 5842, 6332, 6789.   |                        |                                       |
| 6/25/14 Turn well to production   |                        |                                       |
| ·   |                        |                                       |
|   |                        | AIRA OU CONCERNATION                  |
|   |                        | NM OIL CONSERVATION  ARTESIA DISTRICT |
| Spud Date: 5/15/14  |                        |                                       |
| Rig Release Date: 5/31/14   |                        | SEP <b>2 4 2014</b>                   |
|   |                        |                                       |
|   |                        | RECEIVED                              |
|   |                        | •                                     |
| I have by contifut that the information above in two and according to   | -1                     | 11.1.6                                |
| I hereby certify that the information above is true and complete to the   | e best of my knowledge | and belief.                           |
| Mr. Up Zant   |                        |                                       |
| SIGNATURE // DATE 9/23/2014 TITLE Regulatory Analyst DATE 9/23/2014   |                        |                                       |
|   |                        |                                       |
| Type or print name Aricka Easterling E-mail address:aeasterling@cimarex.com PHONE:918-560-7060_   |                        |                                       |
| For State Use Only  |                        |                                       |
| APPROVED BY: OF COOL TITLE OF   | Desplain               | DATE 10/8/14                          |

APPROVED BY: OY Conditions of Approval (if any):