| Office   | State of New M     | lexico        |                |   |             | Form C                                 | -103    |
|--|--------------------|---------------|----------------|---|-------------|--|---------|
| District I – (575) 393-6161 Energy, Minerals and Natural Resources   |                    |               |                |   |             | ised August 1                          | , 2011  |
| 1625 N. French Dr., Hobbs, NM 88240  |                    |               |                | WELL API NO                               | Э.          |  |         |
| District II – (575) 748-1283<br>811 S. First St., Artesia, NM 88210 OBBS OIL CONSERVATION DIVISION   |                    |               | 30-025-31472   |   |             |  |         |
| D'   |                    |               |                | 5. Indicate Ty                            |             |  | 1       |
| District III – (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 10 2017 Santa Fe, NM 87505                                 |                    |               |                | STATE X FEE  6. State Oil & Gas Lease No. |             |  | - 1     |
| District IV – (505) 476-3460<br>1220 S. St. Francis Dr., Santa Fe, NM  | Sainta Pe, INIVI   | 37303         |                | 6. State Oil &                            | Gas Lease   | No.                                    |         |
| 87505  |                    |               |                |   |             |  |         |
| SUNDRY NOTICES AND RE  | PORTS ON WELL      | S             |                | 7. Lease Nam                              | e or Unit A | greement Na                            | me      |
| (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL   |                    |               | ) A            |   |             |  |         |
| DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |                    |               |                | MITCHELL "16" STATE                       |             |  |         |
| PROPOSALS.)  1. Type of Well: Oil Well X Gas Well Other  |                    |               |                | 8. Well Number                            |             |  |         |
| 1. Type of well. Oil well A das well Other   |                    |               |                | 004                                       |             |  |         |
| 2. Name of Operator  |                    |               |                | 9. OGRID Number                           |             |  |         |
| CIMAREX ENERGY CO. OF COLORADO   |                    |               |                | 162683                                    |             |  |         |
| 3. Address of Operator   |                    |               |                | 10. Pool name or Wildcat                  |             |  |         |
| 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701   |                    |               |                | YOUNG (DELAWARE), NORTH                   |             |  |         |
| 4. Well Location   |                    |               |                |   |             |  |         |
| Unit Letter: A ; 660 feet from   | n the NORTH        | line and      | 990'           | feet from the                             | EAST        | line                                   | /       |
| ,  |                    |               |                |   |             |  |         |
|  | ownship 18S        | Range         | 32E            | NMPM                                      | LEA         | County                                 | A 1/4 % |
| 11. Elevatio   | n (Show whether D  |               | GR, etc.)      |   |             |  |         |
|  | 3,794"             | - GK          |                | 100                                       |             | 10000000000000000000000000000000000000 |         |
|  |                    |               |                |   |             |  |         |
| 12. Check Appropriate  | Box to Indicate 1  | Nature of N   | Notice, I      | Report or Oth                             | er Data     |  |         |
| NOTICE OF INTENTION TO   |                    |               |                |   |             |  |         |
|  |                    |               |                | SEQUENT REPORT OF:                        |             |  |         |
| PERFORM REMEDIAL WORK I I REMEDIAL WOR   |                    |               |                | _   |             | ING CASING                             |         |
| TEMPORARILY ABANDON (INT TO PA COMMENCE DRI  |                    |               |                |   | PAND        | A                                      | X       |
| PULL OR ALTER CASING   P&A NR   CASING/CEMENT JO   |                    |               |                |   |             |  |         |
| DOWNHOLE COMMINGLE P&A I   | 7                  |               |                |   |             |  |         |
|  |                    |               |                |   |             |  |         |
| OTHER:   | (01 1 1 1 1        |               |                | UGGED AND A                               |             |  | 1.1.    |
| 13. Describe proposed or completed operation   |                    |               |                |   |             |  | d date  |
| of starting any proposed work). SEE RUI  | LE 19.15.7.14 NMA  | C. For Mul    | tiple Con      | ipletions: Attac                          | h wellbore  | diagram of                             |         |
| proposed completion or recompletion.   |                    |               |                |   |             |  |         |
| 04/20/17, CET 5 1/2" CIDD @ 5 450", CIDC   | WELL W/MIEV        | DDEC TECT     | COC T          | 0.750# HELD                               | OV          |  |         |
| 04/28/17: SET 5-1/2" CIBP @ 5,450'; CIRC.  |                    |               |                |   |             | a 4 2052, DI                           | (M/D    |
| 04/29/17: PUMP 25 SXS. CMT. @ 5,450'-5,3   | 00 ; PUMP 23 SAS   | 6. CM1. @ 4   | ,4/3 , W       | OC X TAG CM                               | I. PLUG (   | <i>a</i> 4,303 ; PU                    | MP      |
| 50 SXS. CMT. @ 3,125'; WOC.  | DAD SVS CMT @      | 1 225' WO     | CVTAC          | CMT DILIC                                 | @ 026'. M   | V V CIDC                               | го      |
| 04/30/17: TAG CMT. PLUG @ 2,655'; PUMP 40 SXS. CMT. @ 1,335'; WOC X TAG CMT. PLUG @ 926'; MIX X CIRC. TO SURF. 60 SXS. CMT. @ 475'-3'; DIG OUT WELLHEAD. |                    |               |                |   |             |  |         |
| 05/01/17: OUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY  |                    |               |                |   |             |  |         |
| HOLE MARKER.   | WEED ON STEEL      | TEATE TO      | C5G5. 2        | INSTALL ON                                | OUND LL     | VEE DIGI                               |         |
| HOED WHITEEK.  |                    |               |                |   |             |  |         |
| Approved for Plugging of wellbore only. L  |                    |               |                |   |             |  |         |
| under bond is retained pending restoration and   |                    |               | RDMO: 05/01/17 |   |             |  |         |
| completion of the C-103, Specific for Sub-   |                    |               |                |   |             |  |         |
| Report of Well Plugging, which may be fo   | und on             |               |                |   |             |  |         |
| the OCD web page under forms,  |                    |               |                |   |             |  |         |
| Restoration Due By <u>04/30/2018</u>   | - 4- 4h - 1        | 1             |                | and halles                                |             |  |         |
| I hereby certify that the information above is true a  | nu complete to the | best of my ki | nowleage       | and beller.                               |             |  |         |
|  |                    |               |                |   |             |  |         |
| CICNATURE  | TITLE.             | ACENT         |                |   | DATE: 0     | 5/01/17                                |         |
| SIGNATURE TITLE: AGENT DATE: 05/01/17  Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033                     |                    |               |                |   |             |  |         |
| ., .   |                    |               |                |   |             |  |         |
| For State Use Only   | _                  |               |                |   |             | , 1                                    |         |
| APPROVED BY: Washertistal  | TITLE P.           | E.S.          |                |   | DATE        | 11/20                                  | 17      |
| Conditions of Approval (if any):   |                    | •             |                |   |             |  | ,       |
|  |                    |               |                |   |             |  |         |