

District I
1625 N. French Dr., Hobbs, NM 88240
Phone:(575) 393-6161 Fax:(575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone:(575) 748-1283 Fax:(575) 748-9720
District III
1000 Rio Brazos Rd., Aztec, NM 87410
Phone:(505) 334-6178 Fax:(505) 334-6170
District IV
1220 S. St Francis Dr., Santa Fe, NM 87505
Phone:(505) 476-3470 Fax:(505) 476-3462

State of New Mexico
Energy, Minerals and Natural
Resources
Oil Conservation Division
1220 S. St Francis Dr.
Santa Fe, NM 87505

Form C-103
August 1, 2011
Permit 147154

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NUMBER 30-015-39093
1. Type of Well: O		5. Indicate Type of Lease P
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld St, Suite 600, Midland, TX 79701		7. Lease Name or Unit Agreement Name ALASKA 29 FEE
4. Well Location Unit Letter <u>O</u> : <u>330</u> feet from the <u>S</u> line and <u>2310</u> feet from the <u>E</u> line Section <u>29</u> Township <u>18S</u> Range <u>26E</u> NMPM <u>Eddy</u> County		8. Well Number 008
11. Elevation (Show whether DR, KB, BT, GR, etc.) 3414 GR		9. OGRID Number 162683
10. Pool name or Wildcat		
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: _____ mil Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 OF PLANS ☐
 PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
 Other: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTER CASING ☐
 COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDON ☐
 CASING/CEMENT JOB ☐
 Other: **Drilling/Cement** ☒

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.

3/24/12 Spud well

3/25/12 TD 12-1/4" hole @ 955'. RIH w/ 8-5/8", 24#, J55, STC csg & set @ 955'. Mix & pump lead: 350 sx Class C; tail w/ 150 sx Class C. Circ. 186 sx to surf. WOC 10 hrs. Test csg to 1500# for 30 mins. Ok.

3/27/12 TD 7-7/8" hole @ 3012'. RIH w/ 5-1/2", 17#, L80, LTC csg & set @ 3012'. Cmt w/ lead: 135 sx 35:65 POZ C; tail w/ 370 sx PVL. Circ 55 sx. WOC.

3/28/12 Test head to 3000 psi. OK. Release rig.

3/24/2012 Spudded well.

Casing and Cement Program

Date	String	Fluid Type	Hole Size	Csg Size	Weight lb/ft	Grade	Est TOC	Dpth Set	Sacks	Yield	Class	1" Dpth	Pres Held	Pres Drop	Open Hole
03/25/12	Surf	FreshWater	12.25	8.625	24	J55	0	955	500	1.75	C		1500	0	N
03/27/12	Prod	Brine	7.875	5.5	17	L80	0	3012	505	2.04	C			0	N

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 Electronically Signed

TITLE Manager Operations Administration DATE 4/13/2012

Type or print name Zeno Farris

E-mail address zfarris@cimarex.com

Telephone No. 432-620-1936

For State Use Only:

APPROVED BY: Randy Dade

TITLE District Supervisor

DATE 4/16/2012 8:26:03 AM