<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240

Type or print name HOLLOWAY

For State Use Only:
APPROVED BY: Paul Kautz

State of New Mexico

Form C-103 August 1, 2011

DATE 12/10/2012

E-mail address gholloway@cimarex.com Telephone No. 918-295-1658

Phone:(575) 393-0101 Fax:(575) 393-0720 District II	Energy, Minerals and Natural Resources Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505		Permit 159088	
811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720			WELL API NUMBER	
District III			30-025-40619	
1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170			5. Indicate Type of Lease	
District IV 1220 S. St Francis Dr., Santa Fe, NM 87505			S	
Phone:(505) 476-3470 Fax:(505) 476-3462			6. State Oil & Gas Lease No.	
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			BLANCO 3 STATE COM	
A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			8. Wett Number	
1. Type of Well:O			001H	
2. Name of Operator			9. OGRID Number	
CIMAREX ENERGY CO.			215099	
3. Address of Operator			10. Pool name or Wildcat	
600 N MARIENFELD STREET, SUITE 600, MIDLAND, TX 79701				
Unit Letter O : 330 feet from Section 3 Township	23S F	and 1980 feet from the _ tenge 33E NMPM ether DR, KB, BT, GR, etc.) 70 GR	E line Lea County	
Pit Type Depth to Groundwater	Distance from nearest f	resh water well Distance from	n nearest surface water	
	elow-Grade Tank: Volume_	bbls; Construction I		
	 Control of the second of the se	e Nature of Notice, Report		
NOTICE OF INTENTI			NT REPORT OF:	
PERFORM REMEDIAL WORK DELU	_	REMEDIAL WORK	☐ ALTER CASING ☐	
	NGE OF PLANS	COMMENCE DRILLING OPN		
PULL OR ALTER CASING MUI Other:	TIPLE COMPL	CASING/CEMENT JOB		
		Other: Spud	Δ.	
 Describe proposed or completed operations. (C work.) SEE RULE 1103. For Multiple Completion 11/20/2012 Spudded well. 	ns: Áttach wellbore diagram	of proposed completion or recompletic	n.	
hereby certify that the information above is true as been/will be constructed or closed according to NA	IOCD guidelines , a gener		e OCD-approved plan .	
SIGNATURE Electronically Signed	TITLE		DATE 12/9/2012	

TITLE Geologist