

Submit 1 Copy To Appropriate District Office  
 District I - (575) 393-6161  
 1625 N. French Dr., Hobbs, NM 88240  
 District II - (575) 748-1283  
 811 S. First St., Artesia, NM 88210  
 District III - (505) 334-6178  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 District IV - (505) 476-3460  
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
 Energy, Minerals and Natural Resources

Form C-103  
 Revised August 1, 2011

**NM OIL CONSERVATION**  
**ARTESIAN DISTRICT CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

DEC 10 2013

RECEIVED

WELL API NO. 30-015-34120
5. Indicate Type of Lease STATE X FEE
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name CP STATE COM
8. Well Number 001
9. OGRID Number 162683
10. Pool name or Wildcat EMPIRE; MORROW, SOUTH

**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 X Gas Well Other

2. Name of Operator  
 CIMAREX ENERGY CO. OF COLORADO

3. Address of Operator  
 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701

4. Well Location  
 Unit Letter P: 1310 feet from the SOUTH line and 660 feet from the EAST line  
 Section 19 Township 17S Range 29E NMPM EDDY County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
 3,655' - GR

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

<b>NOTICE OF INTENTION TO:</b>		<b>SUBSEQUENT REPORT OF:</b>	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A X
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: WELL PLUGGED X ABANDONED 04/10/14	

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.

04/06/14: SET 5-1/2" CIBP @ 10,580'; CIRC. WELL W/ PXA FLUID.  
 04/07/14: PUMP 30 SXS. CMT. @ 10,580'-10,380'; PUMP 30 SXS. CMT. @ 8,082'-7,902'; PUMP 25 SXS. CMT. @ 7,327'; WOC X TAG CMT. @ 7,094'; PUMP 25 SXS. CMT. @ 5,981'-5,821'; PUMP 25 SXS. CMT. @ 4,572'; WOC.  
 04/08/14: TAG CMT. @ 4,381'; CUT X PULL 5-1/2" CSG. @ 2,994'.  
 04/09/14: PUMP 40 SXS. CMT. @ 3,065'; WOC X TAG CMT. @ 2,902'; PUMP 50 SXS. CMT. @ 857'-757'; PUMP 50 SXS. CMT. @ 575'; WOC X TAG CMT. @ 463'.  
 04/10/14: MIX X CIRC. TO SURF. 25 SXS. CMT. @ 63'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.: WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

DURING THIS PROCEDURE WE USED THE CLOSED-LOOP SYSTEM WITH A STEEL TANK AND HAULED CONTENTS TO THE REQUIRED DISPOSAL, PER OCD RUNLE 19.15.17.

[Signature Box]

[Signature Box]

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE David A. Eyler TITLE: AGENT DATE: 04/14/14  
 Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033

For State Use Only

Accepted for record  
 NMDCD LRS

APPROVED BY: \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Conditions of Approval (if any): still Need Subsequent C-103