| Submit 1 Copy To Appropriate District  | py To Appropriate District State of New Mexico |                 |  | Form C-103 |  |  |
|--|--|-----------------|--|------------|--|--|
| Office<br>District I – (575) 748-1283<br>811 S. First St., Artesia, NM 88210<br>District III – (505) 334-6178<br>NUV 07 2018<br>State of New Mexico<br>Minerals and Natural Resources<br>OIL CONSERVATION DIVISION<br>1220 South St. Francis Dr. |  |                 | Revised August 1, 2011<br>WELL API NO.   |            |  |  |
|  |  |                 | -015-35815                               |            |  |  |
| 811 S. First St., Artesia, NM 88210 Off Off Off Off   District III – (505) 334-6178 NUV 0 7 2018 1220 South St. Francis Dr.   1000 Rio Brazos Rd., Aztec, NM 87410 District IV – (505) 476-3460 Santa Fe, NM 87505                               |  | Dr. 5.          | 5. Indicate Type of Lease<br>STATE FEE X |            |  |  |
|  |  | 6.              | 6. State Oil & Gas Lease No.             |            |  |  |
| 1220 S. St. Francis Dr., Santa Fe, NMRECEIVED<br>87505   |  |                 |  |            |  |  |
| SUNDRY NOTICES AND REPORTS ON WELLS<br>(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A<br>DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH  |  |                 | 7. Lease Name or Unit Agreement Name     |            |  |  |
|  |  |                 | WHITE CITY FEDERAL 10 COM                |            |  |  |
| PROPOSALS.)  |  |                 | 8. Well Number                           |            |  |  |
| 1. Type of Well: Oil Well Gas Well X Other   |  |                 | #002                                     |            |  |  |
| 2. Name of Operator  |  |                 | OGRID Number                             |            |  |  |
| CIMAREX ENERGY CO.<br>3. Address of Operator   |  |                 | 215099<br>10. Pool name or Wildcat       |            |  |  |
| 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS   |  |                 | WHITE CITY; PENN (GAS)                   |            |  |  |
| 4. Well Location   |  | <u> </u>        |  |            |  |  |
| Unit Letter: D : 660 feet from   | the NORTH line and                             | 660 feet from   | n the WEST li                            | ne         |  |  |
|  | ship 25S Range                                 |                 | NMPM EDD                                 | Y County   |  |  |
| 11. Elevatio   | n (Show whether DR, RKB,                       | , RT, GR, etc.) |  |            |  |  |
|  | 3,305' - GR                                    |                 |  |            |  |  |
| 12. Check Appropriate  | Roy to Indicate Nature                         | of Notice Ret   | ort or Other Date                        | 2          |  |  |
| 12. Check Appropriate  | Dox to mulcate Mature                          | of Notice, Rep  |  | 1          |  |  |
| NOTICE OF INTENTION  |  |                 | QUENT REPOR                              |            |  |  |
| PERFORM REMEDIAL WORK D PLUG AND ABANDON REMEDIAL WOR  |  |                 |  |            |  |  |
| TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS.   |  |                 |  | NDA X      |  |  |
|  |  |                 |  |            |  |  |
|  |  |                 |  |            |  |  |
| OTHER:<br>13. Describe proposed or completed operation   |  |                 | GED AND ABANDC                           |            |  |  |
| of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of   |  |                 |  |            |  |  |
| proposed completion or recompletion.   |  |                 |  |            |  |  |
| 10/29/18: SET 4-1/2" CIBP @ 11,400'; CIRC. WELL W/ M.L.F.; PUMP 25 SXS. CMT. @ 11,400'; WOC.   |  |                 |  |            |  |  |
| 10/30/18: TAG CMT. @ 11,144' (OK'D BY OCD); PUMP 35 SXS. CMT. @ 10,656'-10,353'; PUMP 50 SXS. CMT. @ 8,402';   |  |                 |  |            |  |  |
| WOC X TAG CMT. @ 7,890'.   |  |                 |  |            |  |  |
| 10/31/18: PUMP 25 SXS. CMT. @ 5,387'-5,237'; PUMP 25 SXS. CMT. @ 2,695'; WOC X TAG CMT. @ 2,416'.<br>11/01/18: PUMP 50 SXS. CMT. @ 1,856'; WOC X TAG CMT. @ 1,227'; PERF. X SQZ. 50 SXS. CMT. @ 401'; WOC.                                       |  |                 |  |            |  |  |
| 11/02/18: TAG CMT. @ 225'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 25 SXS. CMT. @ 63'-3'; DIG OUT X CUT  |  |                 |  |            |  |  |
| OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ANNULI W/ PHOTO; WELD ON STEEL PLATE TO  |  |                 |  |            |  |  |
| CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.  |  |                 |  |            |  |  |
|  |  |                 | Ŀ  |            |  |  |
|  |  |                 |  |            |  |  |
| MIRU: 10/27/18   |  | RDMO: 11/02/    | 18                                       | V          |  |  |
|  | ļ  |                 |  |            |  |  |
| Spud Date:   | Rig Release Date:                              |                 |  |            |  |  |
| •  | •  |                 |  |            |  |  |
| I hereby certify that the information above is true and complete to the best of my knowledge and belief.   |  |                 |  |            |  |  |
|  |  |                 |  |            |  |  |
|  | <del></del>                                    |                 | <u> </u>                                 |            |  |  |
| SIGNATURE  | TITLE: AGENT                                   |                 | DATE:                                    | 11/05/18   |  |  |
|  |  |                 |  |            |  |  |
| Type or print name: DAVID A. EYLER E-mail address: <u>DEYLER@MILAGRO-RES.COM</u> PHONE: 432.687.3033   |  |                 |  |            |  |  |
| For State Use Only   | _/ N   | <b>`</b>        |  |            |  |  |
| APPROVED BY:   | TITLESTAH                                      | Ma              | DATE                                     | 11-7-18    |  |  |

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APPROVED BY: Conditions of Approval (if any):