

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
District II
1301 W. Grand Ave., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
May 27, 2004

HOBBS OGD

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.
Santa Fe, NM 87505

DEC 29 2011

WELL API NO. 30-025-25600
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: D.B. BOREN
8. Well Number #003
9. OGRID Number 162683
10. Pool name or Wildcat EUNICE SEVEN RIVERS QUEEN, SOUTH
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,561.6' - GR
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <u>STEEL</u> 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 * <u>NONE WITHIN 1,000'</u>

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701
4. Well Location Unit Letter <u>B</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>1980</u> feet from the <u>EAST</u> line Section <u>20</u> Township <u>22S</u> Range <u>36E</u> NMPM County <u>IEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,561.6' - GR

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
OTHER: <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>	

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which must be filed at OGD Web Page under
Energy Wells - Plugging and Abandonment

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.

12/06/11: PUMP A 40 SX. OMT. PLUG @ 3,750'; WOC X TAG TOP OF OMT. PLUG @ 3,429'.
12/07/11: PUMP A 75 SX. OMT. PLUG @ 3,365'; WOC X TAG TOP OF OMT. PLUG @ 3,074'.
12/08/11: PERF. 7" CSG. @ 1,750'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,100# X HELD; PUMP A 50 SX. OMT. PLUG @ 1,800' (PER NMOCD); WOC X TAG OMT. PLUG @ 1,645'; PERF. 7" CSG. @ 500'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 750# X HELD; PUMP A 50 SX. OMT. PLUG @ 550' (PER NMOCD); WOC.
12/09/11: TAG OMT. PLUG @ 450'; PUMP A 25 SX. OMT. PLUG @ 450'-350' (CALC.); PERF. X CIRC. TO SURF. A 40 SX. OMT. PLUG @ 100'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; FILL WELL TO 3' B.G.L. W/ 10 SXs OMT.; WELD STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER. WELL PLUGGED AND ABANDONED 12/09/11.

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 David A. Eyer TITLE AGENT DATE 12/26/11
E-mail address: deyer@milagro-res.com
Type or print name DAVID A. EYER Telephone No. (432) 687-3033

For State Use Only

APPROVED BY Mary Brown TITLE Compliance Officer DATE 12/30/2011
Conditions of Approval, if any: