

District I1625 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 147914

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 30-025-40341
1. Type of Well O		5 Indicate Type of Lease S
2 Name of Operator CIMAREX ENERGY CO.		6 State Oil & Gas Lease No
3 Address of Operator 600 N MARIENFELD STREET, SUITE 600, MIDLAND, TX 79701		7 Lease Name or Unit Agreement Name TRES EQUIS STATE
4 Well Location Unit Letter 1 : 330 feet from the N line and 660 feet from the E line Section 6 Township 24S Range 33E NMPM Lea County		8 Well Number 004
11. Elevation (Show whether DR, KB, BT, GR, etc) 3656 GR		9 OGRID Number 215099
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> 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 _____		10 Pool name or Wildcat See Area 13

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: **Perforations/Tubing** ☒

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

03/22/12-RIH w/GR/CBL/CCL tool,logged 11150'-4850',Est TOC@10770',RDMO

03/23/12-Prep loc for frac

03/24,25/12-RU WL&kill trk,tstd main lines,set CBP@15494',started frac

03/25,26/12-Perf'd Bone Spring 11280'-15481' w/320shots

03/27,28/12-Frac'd w/2,819,680 # sd + 2,135,075 gals total fluid

03/28,29/12-DO plugs,wash to TD, tagged@15,459', POOH, RDMO

03/30-04/02/12-RIH w/prod equip.: 2-7/8" tbg & pkr@10,700',gas lift valves @10,665',10,011',9452',8796',8139',7514',6792',6102',5348',4560',3613',2106'

04/03/12-Turned well over to production

Perforations**Pool: TRIPLE X;BONE SPRING, WEST, 96674 Location: P -6-24S-33E 330 S 660 E**

TOP	BOT	Open Hole	Shots/ft	Shot Size	Material	Stimulation	Amount
11280	15459	N	5	3.125	Sand	Frac	2819680

Tubing**TRIPLE X;BONE SPRING, WEST, 96674**

Tubing Set	Type	Depth Set	Packer Set
2.875	L-80	10700	10700

PETROLEUM ENGINEER

JUN 06 2012

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 Celeste G. Dale TITLE Regulatory Analyst DATE 05/16/12
Type or print name Celeste G. Dale E-mail address cdale@cinmarox.com Telephone No. 432-620-1959

For State Use Only:

APPROVED BY: _____ TITLE _____ DATE _____