

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

HOBBS OCD
 State of New Mexico
 Energy, Minerals and Natural Resources
APR 03 2013
RECEIVED
 OIL CONSERVATION DIVISION
 South St. Francis Dr.
 Santa Fe, NM 87505

Form C-103
 Revised August 1, 2011

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.)		WELL API NO. 30-025-11942 ✓
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input checked="" type="checkbox"/> <u>Injector</u>		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> <u>Fed</u>
2. Name of Operator Cimarex Energy Co. of Colorado		6. State Oil & Gas Lease No. 21753 LC-054668
3. Address of Operator 600 N. Marienfeld Street, Suite 600, Midland, TX 79701		7. Lease Name or Unit Agreement Name Farnsworth 4 ✓
4. Well Location Unit Letter <u>F</u> : <u>1980</u> feet from the <u>North</u> line and <u>2310</u> feet from the <u>West</u> line Section <u>4</u> Township <u>26S</u> Range <u>37E</u> NMPM Lea County		8. Well Number <u>007</u> ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2991.8' GR		9. OGRID Number 162683
10. Pool name or Wildcat SWD; Seven Rivers-Queen		

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 COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: 5 year MIT <input checked="" type="checkbox"/>	

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.

03/07/13 5 year M.I.T. pressure test. Notified OCD of test. Pressured up to 420# on casing and held for 32 minutes. Held okay. Test signed off by Mark Whitaker of the OCD.

Spud Date: Rig Release Date:

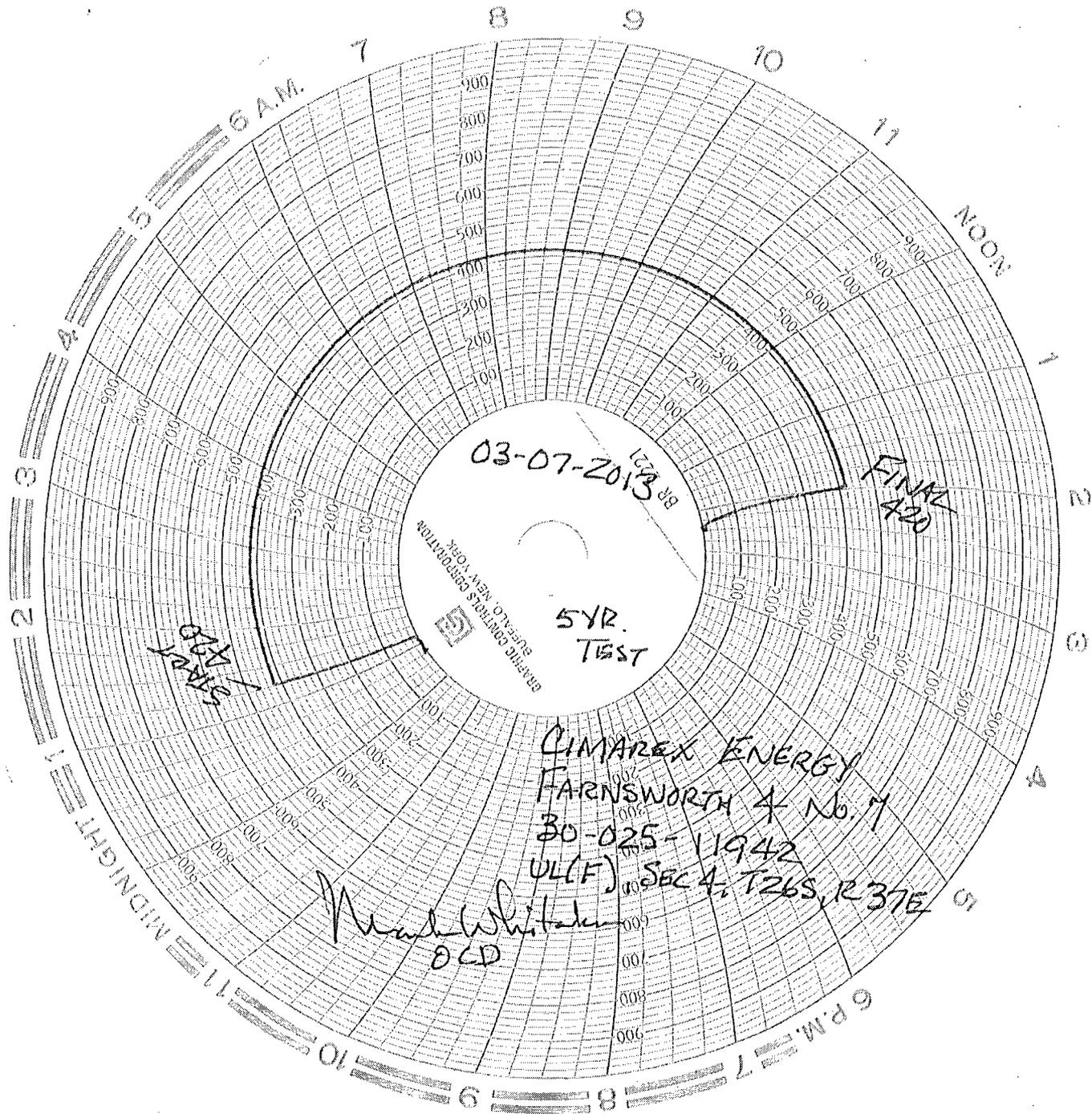
I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Michelle Chappell TITLE Regulatory Technician DATE 1/18/2013

Type or print name Michelle Chappell E-mail address: mchappell@cimarex.com PHONE: (432) 620-1959
 For State Use Only

APPROVED BY: [Signature] TITLE DIST. MGR DATE 4-3-2013
 Conditions of Approval (if any):

APR 08 2013



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