

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 July 18, 2013

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

WELL API NO. 30-025-40665
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Triste Draw 36 State
8. Well Number 2H
9. OGRID Number 215099
10. Pool name or Wildcat Triste Draw; Bone Spring

**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  Gas Well  Other  **HOBBS OCD**

2. Name of Operator  
Cimarex Energy Co. **JUN 09 2014**

3. Address of Operator  
600 N. Marienfeld, Midland, TX 79701; Suite 600

4. Well Location **RECEIVED**  
 Unit Letter D : 150 feet from the North line and 1261 feet from the West line  
 Section 36 Township 23S Range 32E NMPM Lea County

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3686' GL

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

E-PERMITTING - CSNG <input checked="" type="checkbox"/> <b>M</b> PERF P&A _____ TA _____ TEMP _____ PULL (COMP _____ NEW WELL _____ DOWN LOC CHG _____ CLOSE _____ OTHER _____	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: Completion <input checked="" type="checkbox"/>
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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.

Completion:

3/9/14 Test Casing to 9000# for 30 min. Good Test. TOC @ 2650'.  
 3/12/14 to 3/15/14 Perf Bone Spring @ 9475-13655, 1020 holes. Frac w/ 6,130,740 gal of total fluid & 5,871,492 # sand.  
 3/16/14 to 3/17/14 Mill plugs 1-21. Flow well. PBD @ 13686'.  
 3/20/14 RIH w/ 2 3/8" tbg & packer, Set @ 9341'. GLV's @ 1860, 3006, 3761, 4450, 5170, 5856, 6543, 7365, 7954, 8643, 9300.  
 3/21/14 Turn well to production.

Spud Date: 1/22/14  
 Rig Release Date: 3/3/14

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

SIGNATURE Aricka Easterling TITLE Regulatory Analyst DATE 5/6/2014

Type or print name Aricka Easterling E-mail address: aeasterling@cimarex.com PHONE: 918-560-7060  
**For State Use Only**

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE 06/26/14  
 Conditions of Approval (if any):

JUN 26 2014

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