

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 August 1, 2011

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

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.)		7. Lease Name or Unit Agreement Name GTO 10 STATE
1. Type of Well: Oil Well Gas Well <input checked="" type="checkbox"/> Other	HOBBSOCD	8. Well Number 001
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO	FEB 19 2015	9. OGRID Number 162683
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701	RECEIVED	10. Pool name or Wildcat CAUDILL; MISSISSIPPIAN
4. Well Location Unit Letter E : 1450 feet from the NORTH line and 1100 feet from the WEST line Section 10 Township 15S Range 36E NMPM LEA County		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,916' - GR		

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

E-PERMITTING <input checked="" type="checkbox"/> P&A NR <u>done</u> <input type="checkbox"/> INT TO P&A <input type="checkbox"/> CSNG <input type="checkbox"/> TA <input type="checkbox"/> RBDMS CHART	P&A R <input type="checkbox"/> COMP <input type="checkbox"/> CHG Loc <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 checked="" type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: WELL PLUGGED AND ABANDONED 02/11/15.
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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.

02/06/15: SET 5-1/2" CIBP @ 10,650'; CIRC. WELL; PUMP 35 SXS. CMT. @ 10,650'-10,450'; PUMP 30 SXS. CMT. @ 8,598'; WOC X TAG CMT. PLUG @ 8,352'; PRES. TEST 5-1/2" CSG. TO 1,000# FOR 15 MINS; HELD OK.
02/07/15: PUMP 25 SXS. CMT. @ 6,390'-6,230'.
02/09/15: CUT X PULL 5-1/2" CSG. @ 3,150'; PUMP 65 SXS. CMT. @ 3,215'; WOC.
02/10/15: TAG CMT. @ 3,056' (OK'D BY OCD); PUMP 100 SXS. CMT. @ 2,293'; WOC X TAG CMT. @ 1,982' (OK'D BY OCD).
02/11/15: PUMP 50 SXS. CMT. @ 450'; WOC X TAG CMT. @ 325'; MIX X CIRC. TO SURF. 25 SXS. CMT. @ 63'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

DURING THIS PROCEDURE WE USED THE CLOSED-LOOP SYSTEM W/ A STEEL TANK AND HAULED CONTENTS TO THE REQUIRED DISPOSAL, PER OCD RULE 19.15.17.

Spud Date: MIRU: 02/01/15 Rig Release Date: RDMO: 02/12/15

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

SIGNATURE David A. Eyler TITLE: AGENT DATE: 02/17/15

Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033

For State Use Only

APPROVED BY: Mary Brown TITLE: Dist. Supervisor DATE: 2/19/2015
Conditions of Approval (if any)

FEB 20 2015

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