

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

WELL API NO. 30-025-34408
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 RHODES STATE
8. Well Number 006
9. OGRID Number 162683
10. Pool name or Wildcat RHODES; YATES-7 RIVERS, GAS

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 PROPOSALS.)

1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701
4. Well Location Unit Letter: N : 330 feet from the SOUTH line and 2310 feet from the WEST line Section 16 Township 26S Range 37E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 2,982' - GR

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

E-PERMITTING <SWD INJECTION> CONVERSION <input type="checkbox"/> RBDMS <input type="checkbox"/> RETURN TO <input type="checkbox"/> TA <input type="checkbox"/> CSNG <input type="checkbox"/> CHG LOC <input type="checkbox"/> INT TO PA <input type="checkbox"/> P&A NR <input checked="" type="checkbox"/> P&A R <input type="checkbox"/>
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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 ABNDONED 07/07/15.	

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.

07/02/15: CIRC. WELL W/ PXA FLUID; PUMP 25 SXS. CMT. @ 3,420'-3,290'; SET 5-1/2" CIBP @ 2,950'.
07/03/15: TAG CIBP @ 2,950'; PUMP 70 SXS. CMT. @ 2,950'-2,450'; PUMP 50 SXS. CMT. W/ 2%CACL @ 1,300'; WOC X TAG CMT. @ 1,710'; ATTEMPT TO PRES. TEST 5-1/2" CSG. - WOULD NOT TEST; PUMP 50 SXS. CMT. W/ 2%CACL @ 1,710' (PER OCD); WOC.
07/06/15: TAG CMT. PLUG @ 1,206'; PRES. TEST CSG. TO 500# - HELD OK; PUMP 30 SXS. CMT. @ 1,206'-950' (PER OCD); PERF. SQZ. HOLES @ 825'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 750# X HOLD; PUMP 25 SXS. CMT. @ 875' (PER OCD); WOC.
07/07/15: TAG CMT. @ 667'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 55 SXS. CMT. @ 63'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

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

David A. Eyler

TITLE: AGENT

DATE: 07/08/15

Type or print name: DAVID A. EYLER

E-mail address: DEYLER@MILGRO-RES.COM PHONE: 432.687.3033

For State Use Only

APPROVED BY:

Malay S Brown

TITLE

Dist Supervisor

DATE

7/13/2015

Conditions of Approval (if any):

JUL 13 2015