

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

OIL CONSERVATION DIVISION  
1220 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. 30-025-28673
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO /		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701		7. Lease Name or Unit Agreement Name LEA AQ STATE /
4. Well Location Unit Letter O : 330 feet from the SOUTH line and 2310 feet from the EAST line Section 29 Township 19S Range 35E NMPM County LEA		8. Well Number 004 /
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,739' - GR		9. OGRID Number 162683 /
		10. Pool name or Wildcat PEARL SAN ANDRES, WEST

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

NOTICE OF INTENTION TO		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	P	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	C	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	N	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
OTHER: _____		OTHER: WELL PLUGGED AND ABANDONED 12/02/16.	

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.

11/29/16: SET 5-1/2" CIBP @ 5,675'; CIRC. WELL W/ PXA FLUID.

11/30/16: PUMP 60 SXS. CMT. @ 5,675'-5,211'; PUMP 20 SXS. CMT. @ 3,639'; WOC - DID NOT TAG CMT. PLUG; PUMP 55 SXS. CMT. @ 3,639'; WOC.

12/01/16: TAG CMT. PLUG @ 3,193'(OK'D BY OCD); PRES. TEST CSG. TO 800# - HELD OK; PUMP 25 SXS. CMT. @ 2,760'; WOC X TAG CMT. PLUG @ 2,570'; PUMP 25 SXS. CMT. @ 1,869'; WOC.

12/02/16: TAG CMT. PLUG @ 1,720'(OK'D BY OCD); MIX X CIRC. TO SURF. 25 SXS. CMT. @ 250'-3'; DIG OUT X CUT OFF WELLHEAD 4' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

Spud Date:

MIRU: 11/28/16

Rig Release Date:

Approved for Plugging of wellbore only. Liability under bond is retained pending restoration and completion of the C-103, Specific for Subsequent Report of Well Plugging, which may be found on the OCD web page under forms.

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

SIGNATURE



TITLE: AGENT

DATE: 12/06/16

Type or print name: DAVID A. EYLER

E-mail address: [deyler@milagro-res.com](mailto:deyler@milagro-res.com)

PHONE: 432.687.3033

For State Use Only

APPROVED BY:



TITLE: P.E.S.

DATE: 12/12/2016

Conditions of Approval (if any):