

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
HOBBS OCD
 OIL CONSERVATION DIVISION
 MAY 10 2017
 1220 South St. Francis Dr.
 Santa Fe, NM 87505
RECEIVED

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. 30-025-30735
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 MITCHELL "16" STATE
4. Well Location Unit Letter: H ; 1650 feet from the NORTH line and 990' feet from the EAST line Section 16 Township 18S Range 32E NMPM LEA County		8. Well Number 001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,791' - GR		9. OGRID Number 162683
10. Pool name or Wildcat YOUNG (WOLFCAMP)		

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

NOTICE OF INTENTION TO PERFORM REMEDIAL WORK <input type="checkbox"/> PLL TEMPORARILY ABANDON <input type="checkbox"/> CH/ PULL OR ALTER CASING <input type="checkbox"/> MUI DOWNHOLE COMMINGLE <input type="checkbox"/>	INT TO PA P&A NR <u>Prm. X</u> P&A R _____	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: _____	OTHER: WELL PLUGGED AND ABANDONED 05/05/17.	

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.

05/02/17: TAG EXISTING 5-1/2" CIBP + CMT. @ 10,130' (PER OCD); CIRC. WELL W/ MLF; PRES. TEST 5-1/2" CSG. TO 700# (PER OCD) - TEST OK; PUMP 30 SXS. CMT. @ 8,101'; WOC.
 05/03/17: TAG TOP OF CMT. @ 7,850'; PUMP 25 SXS. CMT. @ 6706'-6546'; PUMP 25 SXS. CMT. @ 5345'-5195'; PUMP 40 SXS. CMT. @ 3,124'; WOC.
 05/04/17: TAG TOP OF CMT. @ 2,846' (OK'D BY OCD); PUMP 40 SXS. CMT. @ 1,335'; WOC X TAG TOP OF CMT. @ 1,058'; PUMP 25 SXS. CMT. @ 398'; WOC.
 05/05/17: TAG TOP OF CMT. PLUG @ 130' (OK'D BY OCD); PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 35 SXS. CMT. @ 100'-4'; DIG OUT X CUT OFF WELLHEAD 4' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.

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.
 Restoration Due By 05/04/2018

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

SIGNATURE David A. Eyer TITLE: AGENT DATE: 05/06/17
 Type or print name: DAVID A. EYLER E-mail address: DEYLER@MILAGRO-RES.COM PHONE: 432.687.3033

For State Use Only

APPROVED BY: Mark Whitaker TITLE P.E.S. DATE 05/11/2017
 Conditions of Approval (if any):