

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. 30-025-43468
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 Chief 30 State
8. Well Number 7H
9. OGRID Number 215099
10. Pool name or Wildcat Berry; Bone Spring, North
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3700.7

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. **JUL 12 2017**

3. Address of Operator
202 S Cheyenne Ave., Ste. 1000 Tulsa, OK 74103 **RECEIVED**

4. Well Location
 Unit Letter B : 300 feet from the North line and 1980 feet from the East line
 Section 30 Township 20S Range 35E NMPM County Lea

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

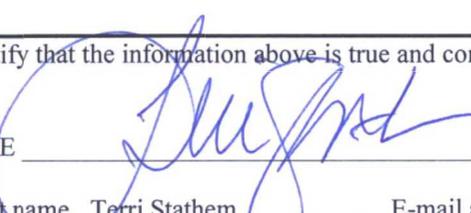
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: Completion <input checked="" type="checkbox"/>	

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.

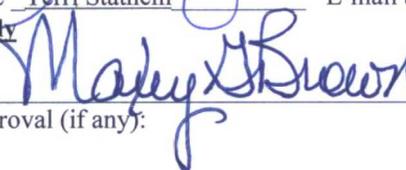
3/20/17 Test csg 8700# for 30 mins. Ok.
 3/28/17 to
 3/30/17 Perf Bone Spring @ 11409-16143', 350 holes, .46. Frac w/ 103562 bbls total fluid and 6967346# sand.
 3/31/17 Mill out plugs and CO to PBTD @ 16167'. Flowback well.
 6/1/17 RIH w/ 2-7/8" tbg & set @ 11194'. Turn well to production.

Spud Date: 12/2/2016 Rig Release Date: 1/25/2017

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

SIGNATURE  TITLE Regulatory Manager DATE 7/5/2017

Type or print name Terri Stathem E-mail address: tstathem@cimarex.com PHONE: 918-560-7081

APPROVED BY:  TITLE AO/II DATE 7/13/2017
 Conditions of Approval (if any):