

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
DEC 01 2017
RECEIVED
 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.) 1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		WELL API NO. 30-025-35891
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701		6. State Oil & Gas Lease No.
4. Well Location Unit Letter: K : 1650 feet from the SOUTH line and 1875 feet from the WEST line Section 04 Township 20S Range 37E NMPM LEA County		7. Lease Name or Unit Agreement Name LAUGHLIN
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3573' - KB		8. Well Number 007
9. OGRID Number 162683		10. Pool name or Wildcat Monument; TUBB

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

NOTICE OF INTENTION TO PLUG PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER:	INTENTION TO PLUG INT TO PA <input checked="" type="checkbox"/> P&A NR <input checked="" type="checkbox"/> <i>IM</i> P&A R <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"/>
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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.

11/02/17: SET 4-1/2" CIBP @ 6,450'; CIRC. WELL W/ M.L.F.; PRES. TEST CSG. X CIBP TO 700# - HELD OK; PUMP 25 SXS. CMT. @ 6,450'-6,200'.
 11/03/17: PUMP 25 SXS. CMT. @ 5,313'-5,163'; PUMP 35 SXS. CMT. @ 3,877'; WOC X TAG CMT. PLUG @ 3,550'.
 11/04/17: PUMP 40 SXS. CMT. @ 2,848'; WOC X TAG CMT. PLUG @ 2,482'; PUMP 25 SXS. CMT. @ 1,361'; WOC.
 11/05/17: TAG CMT. PLUG @ 1,056'; PERF. X SQZ., FILLING ALL ANNULI, 50 SXS. CMT. @ 100'-3'.
 11/27/17: 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.

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 11-04-2018

Spud Date: MIRU: 10/31/17

Rig I

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: 11/27/17

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

For State Use Only

APPROVED BY: Kerry Fortner TITLE Compliance Officer DATE 12-4-17
 Conditions of Approval (if any):