

Submit 3 Copies To Appropriate District Office
 District I
 1625 N. French Dr., Hobbs, NM 88240
 District II
 1301 W. Grand Ave., Artesia, NM 88210
 District III
 1000 Rio Brazos Rd., Aztec, NM 87410
 District IV
 1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 May 27, 2004

OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

WELL API NO. 30-025-37703
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.

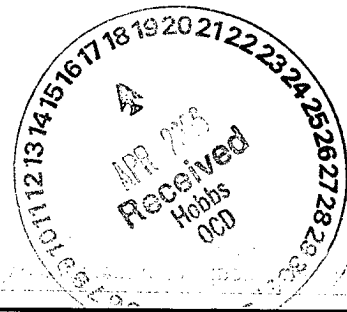
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name Quail Ridge 32 State
2. Name of Operator Gruy Petroleum Management Co.		8. Well Number 002
3. Address of Operator PO Box 140907; Irving, TX 75014-0907		9. OGRID Number 162683
4. Well Location Unit Letter <u>K</u> : <u>1980</u> feet from the <u>South</u> line and <u>1980</u> feet from the <u>West</u> line Section <u>32</u> Township <u>19S</u> Range <u>34E</u> NMPM County <u>Lea</u>		10. Pool name or Wildcat Quail Ridge; Morrow, Gas
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3651' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/> Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____ Pit Liner Thickness: _____ Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> OTHER: <input type="checkbox"/>		SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input checked="" type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input checked="" type="checkbox"/> OTHER: <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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

- 03-19-06 Spudded well.
- 03-20-06 Ran 13-3/8" 48# H-40 STC casing to 437'. Cemented with lead of 240 sx Premium Plus + 4% Bentonite + 2% CaCl + 0.25# Flocele and tail of 150 sx Premium Plus + 2% CaCl. Circulated 71 sx to pit. WOC 28.5 hours. Tested casing to 500 psi for 30 minutes.
- 03-24-06 Ran 9-5/8" 40# J-55 LTC casing to 3225'. Cemented with lead of 780 sx Interfill C + 0.25# Flocele and tail of 200 sx Premium Plus + 1% CaCl. Circulated 78 sx to surface. WOC 24 hours.
- 03-25-06 Tested casing to 1000 psi for 30 minutes.



I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OGD-approved plan .

SIGNATURE Natalie Krueger TITLE Regulatory Technician DATE April 13, 2006
 Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 972-401-3111
For State Use Only

APPROVED BY: [Signature] TITLE PETROLEUM ENGINEER DATE APR 18 2006
 Conditions of Approval (if any): _____