

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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. 30-025-33354
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.		6. State Oil & Gas Lease No. V-3652
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS		7. Lease Name or Unit Agreement Name APRIL APZ STATE
4. Well Location Unit Letter: A : 330 feet from the NORTH line and 330 feet from the EAST line Section 12 Township 23S Range 32E NMPM LEA County		8. Well Number #001
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,729' - GR		9. OGRID Number 215099
		10. Pool name or Wildcat DIAMONDTAIL; BONE SPRINGS

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

<b>NOTICE OF INTENTION</b> PERFORM REMEDIAL WORK <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> OTHER: <input type="checkbox"/>	<b>INT TO P&amp;A</b> <b>P&amp;A NR</b> <u>PM</u> <b>P&amp;A R</b> _____	<b>SUBSEQUENT REPORT OF:</b> 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: WELL PLUGGED AND ABANDONED 04/17/18.
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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.

04/09/18: SET 5-1/2" CIBP @ 8,950'; CIRC. WELL W/ M.L.F.; PUMP 25 SXS. CMT. @ 8,950'-8,770'.

04/11/18: SET 5-1/2" CIBP @ 7,075'.

04/12/18: PRES. TEST CSG. X CIBP TO 750# - HELD OK: PUMP 25 SXS. CMT. @ 7,075'-6,905'.

04/14/18: CIRC. WELL W/ M.L.F.; PUMP 60 SXS. CMT. @ 5,050'; WOC X TAG CMT. PLUG @ 4,648'.

04/15/18: CUT 5-1/2" CSG. @ 2,210' - NOT FREE; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,000# X HOLD; PUMP 25 SXS. CMT. @ 2,260' (PER OCD); WOC X TAG CMT. PLUG @ 1,996'.

04/16/18: PERF. X SQZ. 45 SXS. CMT. 1,334'; WOC X TAG CMT. PLUG @ 1,192'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 50 SXS. CMT. @ 150'-3'.

04/17/17: DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURFACE ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS. X INSTALL BELOW GROUND DRY HOLE MARKER.

Spud Date: _____	Rig Release _____	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 <u>4-16-2018</u>
I hereby certify that the information above is true and complete to the best of my knowledge.		

SIGNATURE David A. Eyler TITLE: AGENT

DATE: 04/17/18

Type or print name: DAVID A. EYLER

E-mail address: [DEYLER@MILAGRO-RES.COM](mailto:DEYLER@MILAGRO-RES.COM)

PHONE: 432.687.3033

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APPROVED BY: Maheshwari TITLE: P.E.S.

DATE: 04/23/2018

Conditions of Approval (if any):