

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 August 1, 2011

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

HOBBBS
 RECEIVED
 08-06-2018

SUNDRY NOTICES AND REPORTS OF 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. 30-025-34342
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 FEE X <input checked="" type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO.		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 GRAHAM, R.E. "7"
4. Well Location Unit Letter N : 660 feet from the SOUTH line and 1650 feet from the WEST line Section 07 Township 18S Range 32E NMPM County LEA		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,763' - GR		9. OGRID Number 215099
10. Pool name or Wildcat NORTH YOUNG; BONE SPRING		

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

NOTICE OF INTENT PERFORM REMEDIAL WORK <input type="checkbox"/> F TEMPORARILY ABANDON <input type="checkbox"/> C PULL OR ALTER CASING <input type="checkbox"/> I DOWNHOLE COMMINGLE <input type="checkbox"/>	INT TO PA P&A NR <u>Am</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 02/08/18	

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.

02/04/18: SET 5-1/2" CIBP @ 8,150'; CIRC. WELL W/ M.L.F.; PRES. TEST 5-1/2" CSG. TO 750# - HELD OK.
 02/05/18: PUMP 25 SXS. CMT. @ 8,150'-7,970'; PUMP 25 SXS. CMT. @ 7,104'; WOC.
 02/06/18: TAG CMT. PLUG @ 6,873' (OK'D BY OCD); PUMP 25 SXS. CMT. @ 6,357'-6,197'; PUMP 25 SXS. CMT. @ 3,203'; WOC X TAG CMT. PLUG @ 2,938'; PUMP 25 SXS. CMT. @ 2,585'-2,465'.
 02/07/18: PUMP 25 SXS. CMT. @ 1,050'; WOC X TAG CMT. PLUG @ 815' (OK'D BY OCD);
 PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 200 SXS. CMT. @ 631'-3'; 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 BELOW 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 02-08-2019

Spud Date: MIRU: 02/02/18 Rig _____

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: 07/30/18
 Type or print name: DAVID A. EYLER E-mail address: deyler@milagro-res.com PHONE: 432.687.3033
For State Use Only

APPROVED BY: Kenny Fortner TITLE Compliance Officer A DATE 8-8-18
 Conditions of Approval (if any): _____