

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.<br>3002543737  |
| 5. Indicate Type of Lease<br>STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No.  |
| 7. Lease Name or Unit Agreement Name<br>Coriander AOC 1-12 State                                    |
| 8. Well Number 2H   |
| 9. OGRID Number<br>215099   |
| 10. Pool name or Wildcat<br>DIAMONDTAIL BONE SPRING   |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc.)<br>3751  |

**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

2. Name of Operator  
Cimarex Energy Co. (of Colorado)

3. Address of Operator  
600 N. Marienfeld St., Suite 600 Midland, TX 79701

4. Well Location  
 Unit Letter 1 : 330 feet from the NORTH line and 710 feet from the EAST line  
 Section 1 Township 23S Range 32E NMPM County LEA

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

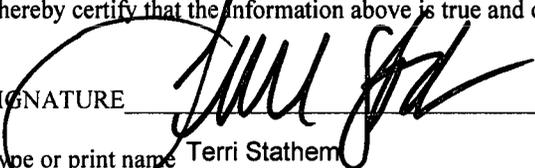
|  |  |   |  |
|--|--|---|--|
| <b>NOTICE OF INTENTION TO:</b><br>PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/><br>TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/><br>PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL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

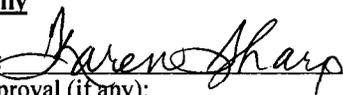
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

10/18/18 Test csg to 9930# for 30 mins. Good test. Perf Bone spring @ 19376-19590'. SWI pending frac.  
 10/24/18 to  
 11/9/18 Perf Bone Spring @ 9898-19335', 1006 total shots, .40. Frac w/ 398655 bbls total fluid; 18910089# sand.  
 11/11/18 Mill out plugs & CO to PBTD @ 19619'. Flowback.  
 11/19/18 RIH w/ 3-1/2" tbg, pkr & GLV valves & set @ 9198'. Flowback.  
 11/20/18 Turn well over to production.

Spud Date: 08/26/18 Rig Release Date: 09/25/18

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

SIGNATURE  TITLE Regulatory Mgr DATE 1/17/19  
 Type or print name Terri Stathem E-mail address: tstathem@cimarex.com PHONE: (432) 620-1936  
**For State Use Only**

APPROVED BY  TITLE Staff Mgr DATE 1-23-19  
 Conditions of Approval (if any):