

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

HOBBSON OBSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

JUN 24 2019

WELL API NO. 30-025-32605
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/> Fed <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Mallon 34 Federal 1
8. Well Number #1
9. OGRID Number 162683
10. Pool name or Wildcat SWD San Andres
11. Elevation (Show whether DR, RKB, RT, GR, etc.)

SUNDRY NOTICES 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 Suite 600, Midland TX 79701

4. Well Location
 Unit Letter D : 660 feet from the North line and 990 feet from the West line
 Section 34 Township 19S Range 34E NMPM County Eddy LEA

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"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <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 type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: Repair TBG/MIT <input checked="" 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.

5/25/2019 Repair hole in tubing. RIH with 2 7/8" tbg and packer and set at 3841'.
 5/29/2019- Ran MIT. Held 520psi for 30 min. Good test.

Spud Date:

Rig Release Date:

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

SIGNATURE [Signature] TITLE Regulatory Analyst DATE 6/20/2019

Type or print name Amithy Crawford E-mail address: acrawford@cimarex.com PHONE: 432-620-1909

For State Use Only

APPROVED BY: [Signature] TITLE Compliance Officer DATE 6-25-19
 Conditions of Approval (if any):

RECEIVED



CHART NO. MC MP-1000-1HR
METER 265-262108

CHART PUT ON
7:20 A M

TAKEN OFF
7:56 A M

LOCATION Mallon 34 Rd / SWD
REMARKS 30 Minute Closing Pressure Test

[Signature]

End 520 #

End 520 #

