

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. 3002543738
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name Coriander AOC 1-12 State
8. Well Number 3H
9. OGRID Number 215099
10. Pool name or Wildcat DIAMONDTAIL BONE SPRING

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 **A** : 330 feet from the **NORTH** line and 730 feet from the **EAST** line
 Section 1 Township 23S Range 32E NMPM County LEA

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3751

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

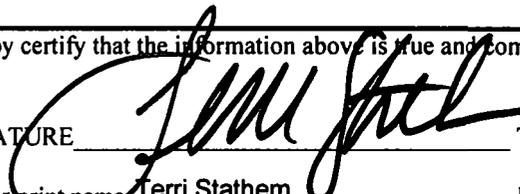
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE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

10/14/18 Press test & chart to 10000# for 30 mins. Good test.
 10/24/18 to
 11/9/18 Perf Bone Spring @ 9682-19335', 965 total shots, .40. Frac w/ 397893 bbls total fluid; 19015859# sand.
 11/11/18 to
 11/16/18 Mill out plugs & CO to PBDT @ 19407'. Flowback.
 11/20/18 RIH w/ 3-1/2" tbg, pkr & GLV valves & set @ 8013'. Turn well over to production.

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  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 L.M. DATE 9/12/2019
 Conditions of Approval (if any):