

Submit 3 Copies To Appropriate District  
Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM  
87505

State of New Mexico  
Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

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

WELL API NO. 30-025-26493
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 Pennzoil State
8. Well Number 001
9. OGRID Number 162683
10. Pool name or Wildcat Lovington; Upper Penn, NE

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 <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		7. Lease Name or Unit Agreement Name Pennzoil State
2. Name of Operator Cimarex Energy Co. of Colorado		8. Well Number 001
3. Address of Operator PO Box 140907; Irving, TX 75014-0907		9. OGRID Number 162683
4. Well Location Unit Letter <u>G</u> : <u>1980</u> feet from the <u>North</u> line and <u>1980</u> feet from the <u>East</u> line Section <u>18</u> Township <u>16S</u> Range <u>37E</u> NMPM County <u>Lea</u>		10. Pool name or Wildcat Lovington; Upper Penn, NE
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3851' GR		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input type="checkbox"/>		
Pit type _____ Depth to Groundwater _____ Distance from nearest fresh water well _____ Distance from nearest surface water _____		
Pit Liner Thickness: _____ Below-Grade Tank: Volume _____ bbls; Construction Material _____		

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 checked="" 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"/>	
OTHER: <input type="checkbox"/>		OTHER: <input 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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

07-13-06	Set RBP @ 8630' w/ 2 sx sand.
07-14-06	Set packer in several places b/tw 5332' and 5721' and pressured up with 500 psi at each stop to check for casing leak. Isolated bad casing from 5651' to 5721'.
07-15-06	Cemented hole in casing with 200 sx Class H + 2% CaCl then 10 bbls Uni-Flac S D167. Pressure tested with 540 psi for 30 minutes. TOC est 5400'.
07-17-06	Drilled through cement.
07-18-06	Pressure tested casing to 400 psi for 15 minutes.
07-19-06	Released RBP @ 8630'.
07-20-06	Pushed CIBP to 11485'.
07-21-06	RIH with 349 jts 2-3/8" tbg & SN to 11371'. Acid washed perms from 11443' - 11453' with 2000 gal 15% NEFE followed by flush with 44 bbls treated water. Avg rate 3.3 BPM @ 2300 psi. Then acid washed perms from 11372' - 11407' with 3000 gal 15% NEFE HCL followed by flush with 44 bbls treated water. Avg rate 3 BPM @ 2300 psi.
07-25-06	Installed rod pump and spaced out tubing. Put well back on production.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines ☐, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE Natalie Krueger TITLE Reg Analyst 1 DATE August 23, 2006  
Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 972-401-3111  
For State Use Only

APPROVED BY: Gay W. Wink TITLE FIELD REPRESENTATIVE / STAFF MANAGER DATE AUG 30 2006  
Conditions of Approval (if any):