

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. 30-025-38300
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 B 36 State
8. Well Number 002
9. OGRID Number 162683
10. Pool name or Wildcat Apache Ridge; 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  
PO Box 140907; Irving, TX 75014-0907

4. Well Location  
SHL Unit Letter J : 2310 feet from the South line and 1980 feet from the East line  
Section 36 Township 19S Range 33E NMPM County San Juan

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
3605' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

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:

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"/>
OTHER: <input type="checkbox"/>	OTHER: <input type="checkbox"/>

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

06-09-07 TIH open-ended with drill pipe to 8-5/8" casing shoe (3518') to pump lost circulation plug. Pumped 600 sx (142 bbls) Class C + 1% D-13 + 2# D-24 + 0.125# D-130. WOC 33.75 hrs.

06-27-07 Reached TD of 7-7/8" hole (10303').

06-29-07 Ran 5-1/2" 17# P-110 LTC to 10300.' Cemented First Stage with lead of 403 sx (179 bbl) 50/50 POZ H + 10% D-20 + 0.125# D-130 + 2% D-167 + 2% D-65 + 2% D-13 + 5% D-44 (bwow) + 2% D-46 (wt 11.9, yld 2.5) and tail of 232 sx (58 bbl) PVL + 1.33% D-44 (bwow) + 3% D-167 + 2% D-65 + 3% D-13 (wt 13, yld 1.41). Circulated 875 sx (35 bbl) off top of DV tool. Cemented Stage 2 with lead of 490 sx (218 bbl) 50/50 POZ-H + 10% D-20 + 0.125# D-130 + 0.2% D-167 + 0.2% D-65 + 0.2% D-13 + 5% D-44 (bwow) + 0.2% D-46 (wt 11.9, yld 2.5) and tail of 100 sx (21 bbl) Class H + 0.1% D-65 + 0.1% D-167 + 0.1% D-13 (wt 15.6, yld 1.18). Circulated to surface. TOC 0.' Released rig.

07-13-07 Pressure tested casing to 3000 psi for 30 minutes. Ran CBL - TOC 2000.'

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 I DATE August 9, 2007

Type or print name Natalie Krueger email address: nkrueger@cin.state.nm.us Telephone No. 469-420-2723

For State Use Only

APPROVED BY: Harry W. Wink TITLE Representative II / Staff Manager DATE AUG 10 2007  
Conditions of Approval (if any): \_\_\_\_\_