Submit 3 Copies To Appropriate Dist	rict State of New Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resource	es <u>May 27, 2004</u>
1625 N. French Dr., Hobbs, NM 8824	40	WELL API NO.
District II	OIL CONSERVATION DIVISION	N 30-025-38136
1301 W. Grand Ave., Artesia, NM 88	1220 South St. Francis Dr.	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 874	110	STATE FEE
District IV	Santa re, Nivi 67303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM	ſ	
87505 SUNDRY N	NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PI	ROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	
DIFFERENT RESERVOIR. USE "A	APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	Redcloud-13 Fee
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well	☑ Gas Well ☐ Other ☐	002
2. Name of Operator		9 OGRID Number
Cimarex Energy Co.		215099
3. Address of Operator		10. Pool name or Wildcat
PO Box 140907; Irving, TX 7	5014-0907	Denton; Wolfcamp,
		-
4. Well Location	430	1750 feet from the Westline
SHL Unit Letter N:	feet from the South line and 1	
Section 13 To	ownship 15S Range 37E NMPM	County Lea
April 1	11. Elevation (Show whether DR, RKB, RT, G	FR, etc.)
	3771' GR	K. Y
Pit or Below-grade Tank Application	n or Closure	
Pit type Depth to Groundw	aterDistance from nearest fresh water well	Distance from nearest surface water
Pit Liner Thickness:	Below-Grade Tank: Volumebbls	s; Construction Material
PULL OR ALTER CASING OTHER: 13. Describe proposed or starting any proposed recompletion. 7-12-07 Spud Well 7-13-07 In 17-1/2" he + 0.125 pps Ciculated 10 7-26-07 In 12-1/4" he D 24 + 0.125 Circulated 4	MULTIPLE COMPL CASING/C OTHER:	S1+ 0.125 pps D 130 (wt 14.8 #, yield 1.33). casing to 1000 psi for 30 minutes. ad of 1480 sx POZ + 5% D44 + 10% D 20 + 5 pps
I hereby certify that the inform	nation above is true and complete to the best of my known closed according to NMOCD guidelines , a general permit [owledge and belief. I further certify that any pit or below-grad ☐ or an (attached) alternative OCD-approved plan ☐.
ادار م		
SIGNATURE	TITLE Reg Analyst	DATE <u>December 19, 2007</u>
-	•	
Type or print name Scott		
	Haynes email address: shaynes@cimarex	x.com Telephone No. 469-420-2715
For State Use Only	•	Telephone No. 469-420-2715
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	is William Of PRETRICT SUPERV	Telephone No. 469-420-2715 ISOR/GENERAL MANAGERATE JAN 2 3 2038