

Submit 3 Copies To Appropriate District
Office
District I
1625 N. French Dr., Hobbs, NM 87240
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

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.)		WELL API NO. 30-025-29796
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <u>SMD</u>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701		7. Lease Name or Unit Agreement Name: STATE "16"
4. Well Location Unit Letter <u>I</u> : <u>1980</u> feet from the <u>SOUTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>16</u> Township <u>16S</u> Range <u>37E</u> NMPM County <u>LEA</u>		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,793' - GR		9. OGRID Number
10. Pool name or Wildcat SMD, STRAWN		
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <u>STEEL</u> Depth to Groundwater _____ Distance from nearest fresh water well _____ * Distance from nearest surface water _____ * Pit Liner Thickness: _____ mil Below-Grade Tank: Volume _____ hbs; Construction Material <u>* NONE WITHIN 1,000'.</u>		

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"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPLETION <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: WELL PLUGGED AND ABANDONED 12/13/09. <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.

11/23/09: COULD NOT GET OFF PKR. ON/OFF TOOL @ 11,297'; CUT 2-7/8" TEG. @ 11,291'; POOH W/ TEG.
11/25/09: MIX X PUMP A 25 SX. CMT. PLUG @ 11,291'; WOC X TAG CMT. @ 11,166'; CIRC. WELL W/ PXA MUD.
11/30/09: PERF. SQZ. HOLES @ 9,900' - PRES. UP TO 500#; PERF. SQZ. HOLES @ 7,822' - PRES. UP TO 500#.
12/02/09: PUMP A 45 SX.CMT.PLUG @ 9,950'; WOC X TAG @ 9,656'; PUMP 50 SX.CMT.PLUG @ 7,872'; TAG CMT.@ 7,580'
12/09/09: CUT CSG. @ 6,485' - NOT FREE; PRES.UP ON CUT TO 500#; PUMP 50 SX.CMT.@ 6,545'; WOC X TAG @ 6,095'
12/10/09: CUT X FULL 5-1/2" CSG.@ 4,390'; MIX X PUMP A 100 SX. CMT. PLUG @ 4,450'; WOC X TAG CMT.@ 4,325'.
12/11/09: PUMP 50 SXS.CMT.@ 4,325'; WOC X TAG @ 4,160'; PUMP 35 SXS.CMT.@ 3,282'; WOC X TAG @ 3,155'.
12/13/09: PUMP 35 SXS.CMT.@ 2,200'; WOC X TAG @ 1,960'; PUMP 35 SXS.CMT.@ 495'; WOC X TAG @ 345'; 40 SXS.@ 63'-3'

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 NMOC guidelines ☒, a general permit ☐ or an (attached) alternative OCD-approved plan ☐.

SIGNATURE David A. Eyler

TITLE AGENT DATE 12/17/09

Type or print name DAVID A. EYLER

E-mail address: _____
A valid under bond is retained pending receipt of C-103 (Subsequent Report of Well Plug) which may be found at OCD Web Page under Forms, www.cmnrd.state.nm.us/oed.

For State Use Only

APPROVED BY Kenny W. Hill

TITLE DISTRICT 1 SUPERVISOR DATE DEC 28 2009

Conditions of Approval, if any: