

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

Form C-103  
May 27, 2004

RECEIVED  
APR 21 2010  
HOBBS

WELL API NO. 30-025-01276
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. E-9538
7. Lease Name or Unit Agreement Name: STATE LG "26"
8. Well Number 001
9. OGRID Number 162683
10. Pool name or Wildcat KEMNITZ, SOUTH (CISCO)

Pit or Below-grade Tank Application ☐ or Closure ☒  
Pit type STEEL Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \* \_\_\_\_\_ Distance from nearest surface water \* \_\_\_\_\_  
Pit Liner Thickness: \_\_\_\_\_ mil Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \* NONE WITHIN 1,000'

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"/>	2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS
3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701	4. Well Location Unit Letter <u>A</u> : <u>660</u> feet from the <u>NORTH</u> line and <u>660</u> feet from the <u>EAST</u> line Section <u>26</u> Township <u>16S</u> Range <u>33E</u> NMPM County <u>LEA</u>
11. Elevation (Show whether DR, RKB, RT, GR, etc.) <u>4,184' - DF</u>	

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"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> PLUG AND ABANDONMENT <input checked="" type="checkbox"/> CASING TEST AND CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
CONDITIONS OF PA APPROVAL: Approved as to plugging of the Well Bore. Liability under bond is retained until surface restoration is completed. OCD Hobbs office needs C-103 "Check Off List for Surface Inspection".	
Provide all pertinent details, and give pertinent dates, including estimated date of completion. Multiple Completions: Attach wellbore diagram of proposed completion	

04/08-14/10: FISH RODS X 2-7/8" TUBING FROM WELL; TOP OF FISH @ 5,927'; M.BROWN W/ NMOOD OK'D TO PXA WELL.  
04/15/10: PUMP A 50 SX. CMT. PLUG @ 5,927'; WOC - NO TAG; PUMP A 50 SX. CMT. PLUG W/ 2% CACL @ 5,927'; WOC  
04/16/10: TAG TOP OF CMT. PLUG @ 5,381'; CIRC.WELL W/ PXA MUD; CUT 5-1/2" CSG. @ 4,533' - CSG. NOT FREE.  
04/17/10: PRES.UP ON CSG.CUT TO 1,000#-HELD;PUMP A 40 SX. CMT.PLUG @ 4,575';WOC X TAG CMT. PLUG @ 4,458'.  
04/18/10: CUT X LAY DOWN 5-1/2" CSG. @ 3,011'; PUMP A 40 SX. CMT. PLUG @ 3,061'-2,910' (CALC.); MIX X PUMP  
A 40 SX. CMT. PLUG @ 1750'; WOC X TAG CMT. PLUG @ 1,630'; PUMP A 40 SX. CMT. PLUG @ 395'-295'  
(CALC.); PERF. 8-5/8" CSG. @ 63' X SQZ. X CIRC. TO SURF. A 60 SX. CMT. PLUG @ 63'-3'; DO X CUT  
OFF WH 3' B.G.L.; WELD ON STEEL PLATE X INSTALL DRYHOLE MARKER. PLUGGED X ABANDONED 04/18/10.

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 David A. Eyer TITLE AGENT DATE 04/20/10

Type or print name DAVID A. EYER

E-mail address: DEYLER@MTLACRO-RES.COM

Telephone No. (432) 687-3033

For State Use Only

APPROVED BY [Signature] TITLE State Rep DATE 4-22-10

Conditions of Approval, if any: