

RECEIVEDForm C-103
May 27, 2004

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

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

| | |
|---|------------------------------|
| OCT 04 2010 | |
| 30-025-30043 | |
| HOBBSOCD | |
| STATE <input checked="" type="checkbox"/> | FEE <input type="checkbox"/> |
| 6. State Oil & Gas Lease No. K 6806 | |
| 7. Lease Name or Unit Agreement Name: STATE "16" | |
| 8. Well Number 004 | |
| 9. OGRID Number 162683 | |
| 10. Pool name or Wildcat LOVINGTON, NE (PENN) | |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc) 3,809.9' - GR | |
| 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 _____ bbls; Construction Material * <u>NONE WITHIN 1,000'</u> | |

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 checked="" type="checkbox"/> | 2. Name of Operator CIMAREX ENERGY CO. OF COLORADO / ATIN: ZENO FARRIS |
| 3. Address of Operator 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701 | 4. Well Location Unit Letter <u>F</u> : <u>1650</u> feet from the <u>NORTH</u> line and <u>2100</u> feet from the <u>WEST</u> line Section <u>16</u> Township <u>16S</u> Range <u>37E</u> NMPM County <u>LEA</u> |
| 11. Elevation (Show whether DR, RKB, RT, GR, etc) 3,809.9' - GR | |
| 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 _____ bbls; 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:**

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPLETION ☐
OTHER ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: WELL PLUGGED AND ABANDONED 09/27/10. ☐

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.

09/15/10: PUMP 25 SXS.CMT.@11,330'; WOC - NO TAG; PUMP 25 SXS.CMT.@11,330'; WOC - NO TAG.09/16/10: PUMP 20 SXS.LCM X 25 SXS.CMT. @11,330'; WOC - NO TAG.09/21/10: PUMP 20 SXS.LCM X 75 SXS.CMT.@11,330'; WOC - NO TAG; PUMP 15 SXS.LCM X 75 SXS.CMT.@11,330'; WOC - NO TAG; PUMP 75 SXS.CMT.W/ 2% CACL @11,330'; WOC X TAG CMT.PLUG @10,580'.09/22/10: CIRC. WELL W/ PXA MUD; PUMP 25 SXS.CMT. @9,900'-9,700' (CALC.); PUMP 25 SXS.CMT.@8,650'-8,450' (CALC.); PRES. TEST 5-1/2" CSG.TO 500# - HELD OK; PERF.X SQZ. 50 SXS.CMT. @ 6,550'; WOC - NO TAG.09/24/10: SQZ. 50 SXS.CMT.@6,550'; WOC X TAG CMT.@6,330'; CUT X PULL 5-1/2" CSG.@3,587'.09/27/10: PUMP 50 SXS.CMT.@3,650'; WOC X TAG @3,440'; PUMP 50 SXS.CMT.@2,220'; WOC X TAG @ 2,037'; CIRC. 160 SXS.CMT. @ 480'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL DRY HOLE MARKER.

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 _____ TITLE _____ AGENT _____ DATE 09/28/10

E-mail address.

deyler@milagro-res.com

Type or print name DAVID A. EYLER

Telephone No 432-687-3033

For State Use Only

APPROVED BY _____

TITLE _____

DATE

10-4-10

Conditions of Approval, if any.

Approved for plugging of well bore only.
Liability under bond is retained pending receipt
of C-103 (Subsequent Report of Well Plugging)
which may be found at OCD Web Page under
Forms, www.enmrd.state.nm.us/oed.