

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

RECEIVED
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505
NOV 01 2010
HOBBSUCD

WELL API NO. 30-025-10623 ✓
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/> ✓
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name: SKELLY PENROSE "A" UNIT ✓
8. Well Number 033 ✓
9. OGRID Number 162683 ✓
10. Pool name or Wildcat LANGLIE MATTIX 7 RIVERS-O-GRAYBURG ✓
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3,328' DF
Pit or Below-grade Tank Application <input type="checkbox"/> or Closure <input checked="" type="checkbox"/> Pit type <u>STEEL</u> Depth to Groundwater <u>125'</u> 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 <u>TA'D OIL WELL</u>	
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS	
3. Address of Operator P.O. BOX 140907, IRVING, TEXAS 75014-0907	
4. Well Location Unit Letter <u>M</u> : <u>500</u> feet from the <u>SOUTH</u> line and <u>990</u> feet from the <u>WEST</u> line Section <u>04</u> Township <u>23S</u> Range <u>37E</u> NMPM County <u>IEA</u>	
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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 ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☒
CASING TEST AND CEMENT JOB ☐
OTHER: ☐

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.emnrd.state.nm.us/ocd

all pertinent details, and give pertinent dates, including estimated date of completion. Attach wellbore diagram of proposed completion.

10/21/10: TAG EXSITING 5-1/2" CIBP + CMT. @ 3,415'; CIRC. WELL W/ PXA MUD; PRES. UP ON 5-1/2" CSG. TO 1,000# - TEST OK.
10/22/10: PERF. 5-1/2" CSG. @ 2,510'; PRES. UP ON PERFS. TO 1,000# X COULD NOT EST. INJ. RATE; MIX X PUMP A 25 SX. CMT. PLUG @ 2,560'; WOC X TAG TOP OF CMT. @ 2,380'; PERF. CSG. @ 1,300'; PRES. UP ON SQZ. PERFS. TO 1,000#.
10/23/10: MIX X PUMP A 45 SX. CMT. PLUG @ 1,350'; WOC X TAG TOP OF CMT. @ 1,000'.
10/24/10: PERF. CSG. @ 420' X CIRC. TO SURFACE A 145 SX. CMT. PLUG @ 420'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CASINGS 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 David A. Eyler TITLE AGENT DATE 10/25/10

Type or print name DAVID A. EYLER

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

Telephone No. (432) 687-3033

For State Use Only

APPROVED BY [Signature] TITLE STAFF MGR DATE 11-2-10

Conditions of Approval, if any: