HOBBS OCD

	- 047
Submit One Copy To Appropriate District State of New Mexico	DEC 1 0 2012 Form C-103
Submit One Copy To Appropriate District Office State of New Mexico	Form C-103
District I Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	Revised November 3, 2011 WELCENTO.
District II HOBBS OF IL CONSERVATION BY MICHAEL	30-025-36068
811 S. First St., Artesia, NM 88210 OID COTVOLITY TOTY DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 874 PP 2 5 2012 1220 South St. Francis Dr. Santa Fe. NM 87505	STATE S FEE
District IV	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505	
SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	Mary 7 State
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	8. Well Number
1. Type of Well: Oil Well Gas Well Other	001
2. Name of Operator	9. OGRID Number
Cimarex Energy of Colorado	162683
3. Address of Operator	10. Pool name or Wildcat
600 N. Marienfeld Street, Suite 600, Midland, TX 79701	
4. Well Location	. / /
Unit Letter C: 990 feet from the North line and 1500 feet from the West line	ne /
Section 7 Township 21S Range 35E NMPM County Lea	
11. Elevation (Show whether DR, KKB, RT, GR, et	c.)
GL 3676	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other	Data
NOTICE OF INTENTION TO	DOCUMENT DEPOSIT OF
	BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WO	—
· · · · · · · · · · · · · · · · · · ·	RILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEME	MI JOB []
OTHER:	ready for OCD inspection after P&A
All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.	
Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.	
A sieel marker at least 4" in diameter and at least 4' above ground level has been set in concrete. It shows the	
OPERATOR NAME, LEASE NAME, WELL NUMBER, API NUMBER, QUARTER/QUARTER LOCATION OR	
UNIT LETTER, SECTION, TOWNSHIP, AND RANGE. ALL INFORMAT PERMANENTLY STAMPED ON THE MARKER'S SURFACE.	ION HAS BEEN WELDED OR
FERMANENTLY STAMFED ON THE MARKER SSURFACE.	
The location has been leveled as nearly as possible to original ground contour and has	is been cleared of all junk, trash, flow lines and
other production equipment.	
Anchors, dead men, tie downs and risers have been cut off at least two feet below ground level.	
If this is a one-well lease or last remaining well on lease, the battery and pit location(s) have been remediated in compliance with	
OCD rules and the terms of the Operator's pit permit and closure plan. All flow lines, production equipment and junk have been removed	
from lease and well location.	acted (Doured analts consents besset to not besse
All meta! bolts and other materials have been removed. Portable bases have been ren to be removed.)	loved. (Poured onsite concrete bases do not have
All other environmental concerns have been addressed as per OCD rules.	
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMA	C. All fluids have been removed from non-
retrieved flow lines and pipelines.	
If this is a one-well lease or last remaining well on lease: all electrical service poles a	and lines have been removed from lease and well
location, except for utility's distribution infrastructure.	
	1 1 1
When all work has been completed, return this form to the appropriate District office to so	chedule an inspection.
SIGNATURE MANAGEMENT TITLE Administrative A	<u>sst.</u> DATE9/24/12
TYPE OR PRINT AME: Kristen Fouke E-MAIL: kronke@cimare:	PHONE: (918) 585-1100
APPROVED BY Wallet Lake TITLE Compliance	Officer DATE 01-08-2013
Conditions of Approval (if any):	DATE CITO 201
Conditions of Approval (it may).	•