Submit 1 Copy To Appropriate District Office	State of New Mexico		Form C-103
	Energy, Minerals and Natural Resources		Revised July 18, 2013 WELL API NO.
District I – (575) 393-6161 1625 N. French Dr., Hobbs, NACON SERVICES District II – (575) 748-1283		30-025-41367	
OIL CONSERVATION DIVISION  District III - (505) 334-6178 CFP 2 1 2014  OIL CONSERVATION DIVISION  1220 South St. Francis Dr.		5. Indicate Type of Lease	
1000 Rio Brazos Rd., Aztec, NA 87410		STATE FEE 6. State Oil & Gas Lease No.	
<u>District IV</u> - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	<i>bullet</i> 1 0, 1 111 0 7		NMLC066126
87505 RECEIVED 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 DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			Lea South 25 Federal Com
1. Type of Well: Oil Well  Gas Well  Other			8. Well Number 5H
2. Name of Operator  Nearburg Producing Co.			9. OGRID Number 15742
3. Address of Operator			10. Pool name or Wildcat
3300 N A Street, Bldg 2, Ste 120, Midland, TX 79705			Lea Bone Spring South
4. Well Location			
Unit Letter M : 6			660 feet from the FW line
Section 25 Township 20S Range 34E NMPM LEA County  11. Elevation (Show whether DR, RKB, RT, GR, etc.)			
3728'			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:			
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK			
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI		<del></del>	
PULL OR ALTER CASING ML DOWNHOLE COMMINGLE	LTIPLE COMPL	CASING/CEMENT	JOB 📙
CLOSED-LOOP SYSTEM			
OTHER:		OTHER:	
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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of			
proposed completion or recompletion.			
During this procedure we plan to use the closed-loop system with a steel tank and haul contents to the required disposal, per OCD Rule 19.15.17."			
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Spud Date:	Rig Release Dat	ie:	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE			
Type or print name Deysi Favela E-mail address: dfavela@cimarex.com PHONE: 432-620-1964			
For State Use Only			
APPROVED BY: MAR 0 6 2014  APPROVED BY: DATE			
Conditions of Approval (if any):			