Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103				
<u>District I</u> – (575) 393-6161	State of New Mexico Except, Minerals and Natural Resources OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			Revised July 18, 2013 WELL API NO.				
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.			30-025-25445				
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	OIL CONSERVATION DIVISION			5. Indicate Type of Lease				
District III – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 2470 District IV – (505) 476-3460	1220 South St. Francis Dr.			STATE FEE 6. State Oil & Gas Lease No.				
District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505	OR MINISTER THE PROPERTY ON THE PROPERTY OF TH	6. State Of	l & Gas Lea	ise No.				
SUNDRY NOTION	COMMON REPORTS ON	WELLS	IC DACK TO A	7. Lease N	ame or Uni	t Agreem	ent Name	
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH					Cooper, S.R. 'A'			
PROPOSALS.)  1. Type of Well: Oil Well  Gas Well  Other					8. Well Number			
					9. OGRID Number			
2. Name of Operator Cimarex Energy Co. of Colorado					162683			
3. Address of Operator 600 N. Marienfeld, Suite 600, Midland, Texas 79701					10. Pool name or Wildcat Gramma Ridge; Wolfcamp, N. (G)			
4. Well Location	and, 1 exas /9/01			Gramma Ri	.age; Wolfc	amp, N. (	(G)	
Unit Letter O:	330 feet from the	South	line and	2310 fee	et from the	East	line	
Section 14	Township	24S		<u> </u>	NMPM	Lea	County	
	11. Elevation (Show whe							
	3340' GR							
12 - 61 1- A		l' 4 - NT	CNI.41	D	24 12 4		Jp.m.	
12. Check A	Appropriate Box to Ind	iicate in	ature of Notice,	Report or C	Jiner Data	a	V ·	
NOTICE OF IN		_		SEQUEN				
PERFORM REMEDIAL WORK  TEMPORARILY ABANDON	PLUG AND ABANDON CHANGE PLANS		REMEDIAL WOR				ASING	
TEMPORARILY ABANDON  PULL OR ALTER CASING	MULTIPLE COMPL		COMMENCE DRI		, PAI	ND A	Ц	
DOWNHOLE COMMINGLE								
CLOSED-LOOP SYSTEM		-						
OTHER:  13. Describe proposed or compl	etad aparations (Classly	ctoto all r	OTHER: Location					
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.								
	compliance with OCD rul	es and th	e terms of the Opera	ator's pit per	nit and clos	sure plan.		
A steel marker at least 4" in dian	neter and at least 4' above	ground le	evel 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 information has been welded or permanently stamped on the marker's surface.								
☐ The location has been leveled as	nearly as possible to origi	nal arour	ed contour and has b	een cleared a	sfall innle (	wash flas	v lines and	
other production equipment.	hearry as possible to origin	nai gioui	iu comour and has t	een ciealeu (	n an junk, t	1asii, 110v	w lilles allu	
Anchors, dead men, tie downs and riser have been cut off at least 2' 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								
NMOCD 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.								
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All metal bolts and other materials have been removed. Portable bases have been removed. (Poured onsite concrete bases do not have to be removed).								
All other environmental concerns have been addressed as per NMOCD rules.								
Pipelines and flow lines have been abandoned in accordance with 19.15.35.10 NMAC. 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 and lines have been removed from lease and well location, except for utility's distribution infrastructure.								

Spied Date!	10/10/2013	Rig Release Date:	10/15/2013	
I hereby certif	fy that the information above is true	and complete to the best of	f my knowledge and belief.	
SIGNATURE	- Pam Stuuns	TITLE Regulator	ry Analyst	DATE 04/18/2019
Type or print For State Use	name Pam Stevens	E-mail address:	pstevens@cimarex.com	PHONE: <u>432-571-7831</u>
•	BY: Stree Jut	TITLE_Corpl	iance Offic 1	1 DATE 5-9-19