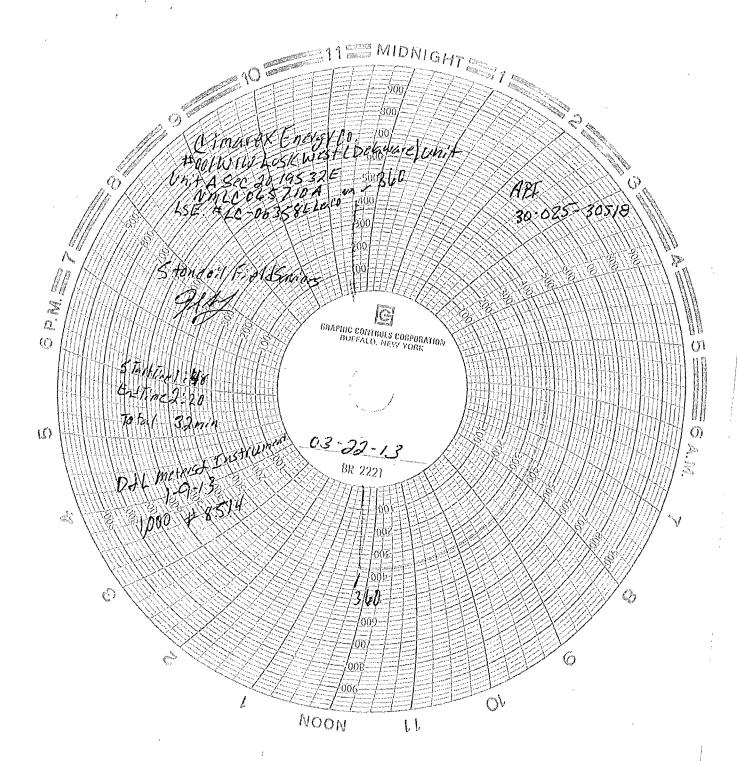
Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District 1 - (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	ÓT GONGERNAMON BINGTON	WELL API NO. 30-025-30518
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No. NMLC065710A
87505	(CDC AND DEPONDE ON MEN A	
	ICES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLI	CATION FOR PERMIT" (FORM C-101) FOR SUCH	LUSK WEST DELAWARE
PROPOSALS.) 1. Type of Well: Oil Well	Gas Well Other	8. Well Number 001
2. Name of Operator		9. OGRID Number
	ergy Co. of Colorado	162683
3. Address of Operator		10. Pool name or Wildcat
	ld Street, Suite 600, Midland, TX 79701	Lusk Delaware, West
4. Well Location		
Unit Letter A: 330 feet from the North line and 330 feet from the East line		
Section 20	Township 19S Range 32E 11. Elevation (Show whether DR, RKB, RT, GR, etc.	
e generalist Programme de la companya de la comp	3591.7' GR	
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 ALTERING CASING		
TEMPORARILY ABANDON		
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
OTHER: 57-/	OTHER: Five-ye	ear MiT
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.		
3/22/13. 5 year MIT pressure test. Notified OCD of test. Pressured up to 360 psi on casing and held for 32 mins Test good.		
Smud Date: 11/15/1989		
Spud Date:	Rig Release Date:	
<u> </u>		
hereby certify that the information above is true and complete to the best of my knowledge and belief.		
nerely certify that the information above is the and complete to the best of my knowledge and benefit.		
SIGNATURE Paula Brunson TITLE Regulatory Analyst DATE 3/27/13		
SIGNATURE VOLUME OF TITLE Regulatory Analyst DATE 3/27/13		
Type or print name Paula Brunson E-mail address: <u>pbrunson@cimarex.com</u> PHONE: (432) 571-7848		
For State Use Only		
APPROVED BY: DATE 42-2013		
Conditions of Approval (if any)		
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