Office State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161 HOBBS (Fire gy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240	WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 District III - (505) 334-6178 OCT 1 5 2013 CONSERVATION DIVISION 1220 South St. Francis Dr	30-025-41420
1220 South St. Francis Dr.	5. Indicate Type of Lease STATE FEE
1000 Rio Brazos Rd., Aztec, NM 87410 District IV = (505) 476-3460 Santa Fe, NM 87505	6. State Oil & Gas Lease No.
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM RECEIVED 87505	NMNM081274
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	Thyme "APY" Federal
PROPOSALS.)	8. Well Number: 5H
1. Type of Well: Oil Well Gas Well Other	, ,
2. Name of Operator: Cimarex Energy Co.	9. OGRID Number:
	215099
3. Address of Operator: 600 N. Marienfeld Street Ste. 600 Midland, TX 79701	10. Pool name or Wildcat Red Tank; Bone Spring
·	Red Tank, Bone Spring
4. Well Location	
Unit Letter D : 330 feet from the NORTH line and	990 feet from the West line
Section 1 Township 23S Range 32E	NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.	
3738	
	D () () () ()
12. Check Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF INTENTION TO: SUE	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WOR	
_	ILLING OPNS. P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE	
CLOSED-LOOP SYSTEM	
OTHER: OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, ar	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Co	ompletions: 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 con	ntents to the required disposal ner OCD Rule
19.15.17."	nents to the required disposal, per OCD Rule
	RECEIVED
	1
	OCT 0 9 2013
	NMOCD ARTESIA
Spud Date: Rig Release Date:	
	•
I hereby certify that the information above is true and complete to the best of my knowled	ge and belief.
	TT 40/00/00
SIGNATURE	TE 10/08/23
Type or print nameDeysi Favela E-mail address:dfavela@ci	marex.com PHONE: 432-620-1694
For State Use Only	1110NL, 432-020-1074
Accepted for Record Only	~
APPROVED BY: ELG 10-16-2013 TITLE	, DATE
Conditions of Approval (if any):	