Submit One Copy To Appropriate District Office	State of New Mexico	Form C-103 Revised November 3, 2011
1625 N. French Dr., Hobbs, NM 88240 OBB		WELL API NO. 30-025-38624
811 S. First St., Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM	IL CONSERVATION DIVIS 20220 South St. Francis Dr. Santa Fe, NM 87505	5 Indicate Type of Leace
SUNDRY NOTICES AND REPORTS ON WELLS (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.) 1. Type of Well: Oil Well Gas Well Other		7. Lease Name or Unit Agreement Name PENNZOIL B 36 STATE 8. Well Number 007
Name of Operator Cimarex Energy Co of Cima		9. OGRID Number
3. Address of Operator		10. Pool name or Wildcat
202 S. Cheyenne Ave, Suite 1000, Tulsa OK 4. Well Location	74015	APACHE RIDGE;BONE SPRING
	from the N line and 660 feet	from the <u>E</u> line
Section 36 Township 195		County LEA
11. Elevation (Show whether DR, RKB, RT, GR, etc.)		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
TEMPORARILY ABANDON CHANDOLL OR ALTER CASING MULTI OTHER: X All pits have been remediated in complia	AND ABANDON	SUBSEQUENT REPORT OF: DIAL WORK ALTERING CASING DIENCE DRILLING OPNS. PAND A GOOD INSPECTION After P&A COOT OF the Operator's pit permit and closure plan.
UNIT LETTER, SECTION, TOW	d at least 4' above ground level has ME, WELL NUMBER, API NUM /NSHIP, AND RANGE. All INFO	
PERMANENTLY STAMPED ON THE MARKER'S SURFACE.		
other production equipment. Anchors, dead men, tie downs and risers If this is a one-well lease or last remainin OCD rules and the terms of the Operator's pifrom lease and well location. All metal bolts and other materials have to be removed.) All other environmental concerns have to Pipelines and flow lines have been aband retrieved flow lines and pipelines.	have been cut off at least two feet ing well on lease, the battery and pit t permit and closure plan. All flow been removed. Portable bases have been addressed as per OCD rules. doned in accordance with 19.15.35.	below ground level. location(s) have been remediated in compliance with lines, production equipment and junk have been removed been removed. (Poured onsite concrete bases do not have 10 NMAC. All fluids have been removed from non-ce poles and lines have been removed from lease and well
When all work has been completed, return the	is form to the appropriate District o	ffice to schedule an inspection.
SIGNATURE Thomas Shula	TITLE Regulatory 1	Technician DATE _10-06-2016
TYPE OR PRINT NAME Rhonda Sheldon For State Use Only	E-MAIL: rsheldor	n@cimarex.com PHONE: 918-295-1709
APPROVED BY: Mal W.	John TITLE P.E.S	B. DATE 10/27/2018