Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
District I – (575) 393-6161	Energy, Minerals and Natural Resources			Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240			WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION	N DIVISION	30-025-38603	
District III – (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type of Lea	
1000 Rio Brazos Rd., Aztec, NM 87410	s Rd., Aztec, NM 87410 Sonto Fo. NIM 87505		STATE X	FEE '
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa I C, INIVI 6	7303	6. State Oil & Gas Lea	se No.
87505 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			Humboldt 6 State Co	m ,
PROPOSALS.) 1. Type of Well: Oil Well X	Gas Well Other		8. Well Number	#001H
2 Name of Operator			9. OGRID Number	
Cimarex Energy Co.			215099	
3. Address of Operator			10. Pool name or Wildcat	
600 N. Marienfeld, Suite 600 Midland TX 79701			Denton; Wolfcamp	
4. Well Location				
	430 feet from the South	line and43		
Section 06		lange 38E	NMPM Lea Cou	inty
	11. Elevation (Show whether DI	R, RKB, RT, GR, etc.,)	
The state of the s				
12. Check	Appropriate Box to Indicate N	Nature of Notice.	Report or Other Data	1
			SEQUENT REPOF	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR				ERING CASING
TEMPORARILY ABANDON				ND A
PULL OR ALTER CASING	MULTIPLE COMPL	CASING/CEMEN	T JOB	
DOWNHOLE COMMINGLE				Pm
CLOSED-LOOP SYSTEM		OTHER: I	ocation ready for inspecti	ion after P&A
OTHER:	pleted operations (Clearly state all			Line II
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.				
proposed companies	F			
This site has been reclaimed and is ready for inspection.				
Thank you.				
Spud Date:	Rig Release D	Pate:		
I hander contify that the information	above is two and complete to the	host of my Imagelada	a and haliaf	
I hereby certify that the information	above is true and complete to the	best of my knowledg	ge and belief.	
1. 4 (
SIGNATURE Amithy C	rawford TITLE R	egulatory Analyst	DATE	1/24/2018
Type or print name Amithy Crawford E-mail address: acrawford@cimarex.com PHONE: 432-620-1909				
APPROVED BY: DATE 02/06/2018				
APPROVED BY: Conditions of Approval (if any):	TITLE T	,	DATE	
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