

Submit 1 Copy To Appropriate District Office

District I - (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II - (575) 748-1283

811 S. First St., Artesia, NM 88210

District III - (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV - (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico  
Energy, Minerals and Natural Resources

MINERAL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

Form C-103

Revised July 18, 2013

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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.)		WELL API NO. 30-025-27537
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other		5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
2. Name of Operator Cimarex Energy Co. of Colorado		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld, Suite 600, Midland, Texas 79701		7. Lease Name or Unit Agreement Name Late Thomas
4. Well Location Unit Letter <u>J</u> : <u>1980</u> feet from the <u>South</u> line and <u>2080</u> feet from the <u>East</u> line Section <u>17</u> Township <u>24S</u> Range <u>37E</u> NMPM Lea County		8. Well Number 003
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3267' GR		9. OGRID Number 162683
		10. Pool name or Wildcat Jalmat (Gas)

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

- PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐  
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐  
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐  
DOWNHOLE COMMINGLE ☐  
CLOSED-LOOP SYSTEM ☐  
OTHER: ☐

SUBSEQUENT REPORT OF:

- REMEDIAL WORK ☐ ALTERING CASING ☐  
COMMENCE DRILLING OPNS. ☐ P AND A ☐  
CASING/CEMENT JOB ☐  
OTHER: Location is ready for OCD inspection after P&A ☒

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.

- ☒ All pits have been remediated in compliance with OCD rules and the terms of the Operator's pit permit and closure plan.
- ☒ Rat hole and cellar have been filled and leveled. Cathodic protection holes have been properly abandoned.
- ☒ A steel marker at least 4" in diameter and at least 4' above ground level 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 original ground contour and has been cleared of all junk, trash, flow lines and other production equipment.
- ☒ 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 NMOC 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.
- ☒ 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 NMOC 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.

Spad Date:

10/10/2013

Rig Release Date:

10/15/2013

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

*Pam Stevens*

TITLE

Regulatory Analyst

DATE

04/18/2019

Type or print name

Pam Stevens

E-mail address:

pstevens@cimarex.com

PHONE:

432-571-7831

**For State Use Only**

APPROVED BY:

*Kerry Fortne*

TITLE

*Compliance Officer A*

DATE

*5-9-19*

Conditions of Approval (if any)