

Santa Fe Main Office

Phone: (505) 476-3441 Fax: (55) 476-3462

General Information

Phone: (505) 629-6116

Online Phone Directory Visit:

<https://www.emnrd.nm.gov/ocd/contact-us/>State of New Mexico
Energy, Minerals and Natural ResourcesForm C-103
Revised July 18, 2013OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-025-53188
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator Cimarex Energy Co.		6. State Oil & Gas Lease No.
3. Address of Operator 6001 Deauville Blvd. Midland Texas 79706		7. Lease Name or Unit Agreement Name
4. Well Location Unit Letter <u>A</u> : <u>215</u> feet from the <u>N</u> line and <u>366</u> feet from the <u>E</u> line Section <u>6</u> Township <u>24S</u> Range <u>33E</u> NMPM County <u>Lea</u>		8. Well Number 352H
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3655		9. OGRID Number 215099
10. Pool name or Wildcat TRIPLE X; BONE SPRING, WEST		

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: ☒

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.

Cimarex Energy Co. would like to request cancellation of the above referenced well permit.

Spud Date:

Rig Release Date:

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

SIGNATURE Shelly Bowen TITLE Sr. Regulatory Analyst DATE 9/30/24

Type or print name _____ E-mail address: _____ PHONE: _____
For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any): _____

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CONDITIONS

Action 388427

CONDITIONS

Operator: Coterra Energy Operating Co. 6001 Deauville Blvd Midland, TX 79706	OGRID: 215099
	Action Number: 388427
	Action Type: [C-103] Sub. APD Cancellation (C-103C)

CONDITIONS

Created By	Condition	Condition Date
keith.dziokonski	None	8/22/2025