Submit 1 Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natu	ıral Resources	WELL ABINO	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	0		WELL API NO.	
<u>District II</u> – (575) 748-1283 811 S First St., Artesia, NM 88210	OIL CONSERVATION DIVISION		30-015-26666 5. Indicate Type o	f Loosa
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.		STATE	FEE 🖂
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505		6. State Oil & Gas	
1220 S. St. Francis Dr., Santa Fe, NM			o. State on a das	Lease 140.
87505	NODO AND DEDODES ON WELL			77.14
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A				Unit Agreement Name
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		Shugart A  8. Well Number		
PROPOSALS)		,	8. Well Number	
1. Type of Well: Oil Well	Gas Well Other			
2. Name of Operator	Cimarex Energy Co. of Colorado		9. OGRID Numbe 162683	r
3. Address of Operator			10. Pool name or V	Wildcat
600 N. Marienfeld, Ste. 600; Midland, TX 79701			Shugart; Yates	
4. Well Location				
Unit Letter <u>J</u> :		South line and _	2310 feet from	the <u>East</u> line
Section 29	Township 18S	Range 31E	NMPM	Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)				
3620' GR				
12. Check	Appropriate Box to Indicate N	lature of Notice,	Report or Other I	Data
			-	
			SEQUENT REF	
	PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			ALTERING CASING
	TEMPORARILY ABANDON			P AND A
PULL OR ALTER CASING		CASING/CEMENT	JOB 📙	
DOWNHOLE COMMINGLE				
OTHER:	П	OTHER: Shut-In	Notice	×
	pleted operations. (Clearly state all			
	ork). SEE RULE 19.15.7.14 NMA			
proposed completion or re	completion.			1
The above well has been	about in manding an aim a min a cool and	tion I age mus direction	am 10/10/12	
The above well has been	shut in pending engineering evaluat	tion. Last production	1 was on 10/10/12.	
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				OCD ARTESIA
I hereby certify that the information	n above is true and complete to the b	est of my knowledge	e and belief.	
	n above is true and complete to the b		e and belief.	10-12-12
I hereby certify that the information	above is true and complete to the b	est of my knowledge	e and belief. stantDATE	
I hereby certify that the information SIGNATURE Alberta	n above is true and complete to the b  Lecture TITLE Reg  exander E-mail address	gulatory Admin Assi	e and belief.  stantDATE cimarex.com PF	10-12-12 IONE: _432-620-1938
I hereby certify that the information  SIGNATURE  Type or print name  Chloe Al  For State Use Only	n above is true and complete to the b  Lecture TITLE Reg  exander E-mail address	gulatory Admin Assi	e and belief.  stantDATE cimarex.com PF	10-12-12 IONE: _432-620-1938
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