Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
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 DIVISION	30-015-38599
<u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE ☐ FEE ☒
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St Francis Dr., Santa Fe, NM		o. State Off & Gas Lease 140.
87505	TO AND DODODES ON WEEK O	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A		7. Lease Name or Unit Agreement Name Spiketail (SWD)
DIFFERENT RESERVOIR USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH		· · · · · · · · · · · · · · · · · · ·
PROPOSALS)	W 11 57 0.1	8. Well Number
	as Well 🛛 Other	
2. Name of Operator Cimarex Energy Co. of Colorado		9. OGRID Number 162683
3. Address of Operator		10. Pool name or Wildcat
600 N. Marienfeld, Ste. 600; Midla	and, TX 79701	SWD Cisco Canyon
4. Well Location		
Unit Letter K_:		nd <u>1980</u> feet from the <u>West</u> line
Section 5	Township 17S Range 29E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	c.)
Marie Sales	3638 GR	
12. Check Ap	propriate Box to Indicate Nature of Notice	e, Report or Other Data
NOTICE OF INT	ENTION TO:	BSEQUENT REPORT OF:
•	PLUG AND ABANDON REMEDIAL WO	
——		RILLING OPNS. P AND A
	MULTIPLE COMPL CASING/CEME	
DOWNHOLE COMMINGLE	WIGHT EE COME	11 10B
OTHER:	OTHER: Begin	n Injection
	ted operations. (Clearly state all pertinent details, a	
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of		
proposed completion or recon	ipletion.	
SWD-1268-B		RECEIVED
12-22-11 Well turn to injection. Tbg press 1580#; Inj rate: 200 BWPD. 0CT 11 2012		
		A 14 A 400 A 150 A
		NMOCD ARTESIA
6511		
Spud Date: 6-5-11	Rig Release Date: 6-24-11	
		1 .
I hereby certify that the information ab	ove is true and complete to the best of my knowled	lge and belief.
	KAL O	
SIGNATURE () WWX	TITLE Regulatory	DATE 10-10-12
SIGINITORE 1	TITEL Regulatory	DATE 10-10-12
Type or print name Terri Stather	E-mail address: tstathem@ci	marex.com PHONE: 918-295-1763
For State Use Only		
LANDON ST. O. IL	NAE TITLE COM PLIMICE	orensa ministra
APPROVED BY: (Letter) Conditions of Approval (if any):	MAE TITLE COMPLIANCE	DATE 1910/12