Submit I Copy To Appropriate District Office	State of New Mexico			Form C-103
<u>District I</u> – (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240	Energy, Minerals and Natural Resources		WELL API NO	Revised August 1, 2011
District II - (575) 748-1283	OIL CONSERVATION DIVISION			a 1
811 S. First St., Ariesia, NM 88210 <u>District III</u> + (505) 334-6178	1220 South St. Francis Dr.		5. Indicate Type	-015- 4 (20 3
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> = (505) 476-3460	Santa Fe, NM 87505		STATE	FEE.
1220 S. St. Francis Dr., Santa Fe, NM 87505			6. State Oil & C	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRIPLL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name	or Unit Agreement Name d Hills 32 State Com
DIFFÉRENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		8. Well Numbe	i i	
1. Type of Well: Oil Well 2. Name of Operator			9. OGRID Nun	3H
Cimarex Energy Co.			7. OURID Nuii	215099
3. Address of Operator 600 N. Marienfeld Street, Suite 600; Midland, TX 79701			10. Pool name o Wildcat G-03	or Wildcat S252636M; Bong-Spring
4. Well Location				
Unit Letter N : 330 feet from the South line and 1980 feet from the West line				
Section 32	Township 25S 11. Elevation (Show whether DR,	Range 27E	NMPM	EDDY County
	3229' GR	KKD, KT, CIK, EIC.		
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data				
NOTICE OF INTENTION TO: SUB PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR			SEQUENT R	EPORT OF: ALTERING CASING □
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DR				P AND A
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMEN				
DOWNHOLE COMMINGLE		,		
		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.				
During this procedure we plan to us	e the closed-loop system with a steel	tank and haul-còn	tents to the require	ed dishosal mer OCD Rule 💆
19.15.17."	o the divided hoop, by otom with it siçor	·		
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: .:				► NG I 4 2013
Spud Date:	Rig Release Date:			BECEINED
		:		
I hereby certify that the information above is true and complete to the best of my knowledge and belief.				
SIGNATURE The Chappelle TITLE Regulatory Technician DATE 08/09/2013				
Type or print name Michelle Chappell E-mail address: mchappell@cimarex.com PHONE: 432-620-1959				
For State Use Only				
APPROVED BY:	AGIMA TITLE FO	0604151		DATE_8/14/2013
Conditions of Approval (if any):	/	J		