Submit I Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013 WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283	OIL CONCEDIVATION DIVICION	30-015-20357
811 S. First St., Artesia, NM 88210 District III – (505) 334-6178	OIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	STATE FEE A
1220 S. St. Francis Dr., Santa Fe, NM		
87505 SUNDRY NOT	ICES AND REPORTS ON WELLS	29000 7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A CATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	<u> </u>	ECHOLS COMM 8. Well Number
1. Type of Well: Oil Well 2. Name of Operator	Gas Well Other	9. OGRID Number
•	X ENERGY CO OF COLORADO	162683
3. Address of Operator		10. Pool name or Wildcat
202 S. CHEYENNE AVE. 4. Well Location	, #1000, TULSA OK 74103	S CARLSBAD MORROW
Unit Letter J: 1980 feet from the S line and 1980 feet from the E line		
Section 12	Township 23S Range 26E	NMPM County FDDY
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING		
TEMPORARILY ABANDON		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM OTHER:	OTHER: DETI	IRN TO PRODUCTION
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 recomplétion.		
This well was returned to production August 25th, 2016. It was previously shut in due to		
Transwestern pipeline maintenance and replacement of pipe. NM OIL CONSERVATION		
		ARTESIA DISTRICT
		SEP 16:2016
		SEL TO EURO
		RECEIVED
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Spud Date:	Rig Release Date:	
Spud Bate.	This recount is an in-	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE AND TITLE Regulatory Technician DATE Sept 13, 2016		
Type or print name Rhonda She	eldon E-mail address: _rsheldon@c	imarex.com PHONE: 918-295-1709
\mathcal{A}		
APPROVED BY: SAMEN / MALY TITLE/ JUSTIC DATE 9-16-16 Conditions of Approval (if any):		