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Submit 1 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
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-44489
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE X FEE
$\frac{\text{District IV}}{1220 \text{ S}} = (505) 476-3460$	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		
	ICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(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		Freedom 36 State
PROPOSALS.) 1. Type of Well: Oil Well Gas Well X Other SWD		8. Well Number 1
1. Type of Well: Oil Well 2. Name of Operator	Gas Well X Other SWD	9. OGRID Number
Cimarex Energy Co.		215099
3. Address of Operator	· · · · · · · · · · · · · · · · · · ·	10. Pool name or Wildcat
600 N. Marienfeld Suite 600, M	Iidland TX 79705	SWD; Devonian-Silurian
4. Well Location		
Unit Letter M :	1300 feet from the S line and 6	
Section 36	Township 24S Range 26E	NMPM Eddy County
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3387 GR	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRILLING OPNS. P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB P		
CLOSED-LOOP SYSTEM		pletion/Turn to Injection
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.		
6/18/2018- Ran MIT test. Witnessed by Gilbert Cordero. 560psi for 30 min. Good Test.		
Turn to Injection- 7/22/2018		
		
Spud Date: 4/28/2018	Rig Release Date: 6/10/201	8
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
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SIGNATURE Amithy Crawford TITLE Regulatory Analyst DATE 9/26/2018		
Type or print name Amithy Crawford E-mail address: acrawford@cimarex.com PHONE: 432-620-1909		
For State Use Only		
APPROVED BY:	TITLE TATI Mg.	DATE_ <u>//24//9</u>
Conditions of Approval (if any):		