1625 N. French Dr., Hobbs, NM 88240 Phone:(575) 393-6161 Fax:(575) 393-0720

District II 811 S. First St., Artesia, NM 88210 Phone:(575) 748-1283 Fax:(575) 748-9720

District III

PROPOSALS.)

1. Type of Well:O

2. Name of Operator

3. Address of Operator

32

Pit or Below-grade Tank Application or Closure

4. Well Location Unit Letter M

Pit Liner Thickness:\_\_

1000 Rio Brazos Rd., Aztec, NM 87410 Phone:(505) 334-6178 Fax:(505) 334-6170 District IV 1220 S. St Francis Dr., Santa Fe, NM 87505 Phone:(505) 476-3470 Fax:(505) 476-3462

CIMAREX ENERGY CO.

feet from the

S

25S

Below-Grade Tank: Volume\_\_\_\_

line and

Range

3248 GR

200

Township

mil

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK | PLUG AND ABANDON |

TEMPORARILY ABANDON 

CHANGE OF PLANS PULL OR ALTER CASING | MULTIPLE COMPL |

## State of New Mexico **Energy, Minerals and Natural** Resources

Oil Conservation Division 1220 S. St Francis Dr. Santa Fe, NM 87505

Form C-103 August 1, 2011 Permit 167809 WELL API NUMBER 30-015-41084 5. Indicate Type of Lease S 6. State Oil & Gas Lease No. SUNDRY NOTICES 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 COTTONWOOD HILLS 32 A DIFFRENT RESERVIOR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH STATE COM 8. Well Number 002H 9. OGRID Number 215099 10. Pool name or Wildcat 600 N MARIENFELD STREET, SUITE 600, MIDLAND, TX 79701 400 W feet from the 1ine 27E NMPM Eddy County 11. Elevation (Show whether DR, KB, BT, GR, etc.) Pit Type \_\_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest firsh water well \_\_\_\_\_ Distance from nearest surface water\_ bbls; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data SUBSEQUENT REPORT OF: REMEDIAL WORK ☐ ALTER CASING COMMENCE DRILLING OPNS.  $\square$  PLUG AND ABANDON  $\square$ CASING/CEMENT JOB X Other: Spud

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

5/26/2013 Spudded well.

I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines  $\square$ , a general permit  $\square$  or an (attached) alternative OCD-approved plan  $\square$ SIGNATURE Electronically Signed TITLE Prod Admin Supervisor DATE 5/28/2013 GENEA A Type or print name HOLLOWAY E-mail address ghotloway@cimarex.com Telephone No. 918-295-1658 For State Use Only: APPROVED BY: Randy Dade TITLE District Supervisor DATE 5/29/2013