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 <u>District II</u> – (575) 748-1283	WELL API NO. 30-015-39894
811 S. First St., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.	STATE FEE
<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 87505	NMNM092160
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 A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	Irwin 23-14 Federal
1. Type of Well: Oil Well Gas Well Other	8. Well Number
	4H
2. Name of Operator	9. OGRID Number
Cimarex Energy Co. of Colorado	162683
3. Address of Operator	10. Pool name or Wildcat
600 N. Marienfeld St., Ste. 600, Midland, Tx 79701	Hackberry; Bone Spring, NW
4. Well Location	
Unit Letter A : 1300 feet from the North line and	_785feet from theEastline
Section 23 Township 19S Range 30E	
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	in the second second second
3281' GR	
21 AND STATE OF THE STATE OF TH	
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 WORL	
TEMPORARILY ABANDON	
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT DOWNHOLE COMMINGLE	1 10B
CLOSED-LOOP SYSTEM	
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 Corproposed completion or recompletion.	mpletions: Attach wellbore diagram of
proposed completion of recompletion.	
During this procedure we plan to use the closed-loop system with a steel tank and hand-conf. 19.15.17."	
19.15.17."	RECEIVED
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Spud Date: Rig Release Date:	·
I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
M^{\prime} M^{\prime} M^{\prime}	
SIGNATURE More and TITLE Admin Assistant DATE 9/9/2013	
Type or print name Chloe Alexander E-mail address: cdalexander@c	imarex.com PHONE: 4326201938
For State Use Only	•. /
APPROVED BY: TITLE DIST TO SYPE	DATE 9/11/13
Conditions of Approval (if any):	- DATE ///