Submit 1 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	Revised July 18, 2013 WELL API NO.
<u>District II</u> – (575) 748-1283 811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-21419
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	5. Indicate Type of Lease STATE X FEE
District IV – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
87505		29013
J	CES AND REPORTS ON WELLS SALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLIC PROPOSALS.)	ATION FOR PERMIT" (FORM C-101) FOR SUCH	WHITE BABY COMM
	Gas Well X Other	8. Well Number
2. Name of Operator	K ENERGY CO OF COLORADO	9. OGRID Number 162683
3. Address of Operator	· LILLIO CO O CO	10. Pool name or Wildcat
202 S. CHEYENNE AVE.,	#1000, TULSA OK 74103	WHITE CITY PENN
Unit Letter K: 1980 feet from the W line and 1980 feet from the S line		
Section 16	Township 24S Range 26F	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 IN	1	SSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	PLUG AND ABANDON REMEDIAL WOF CHANGE PLANS COMMENCE DR	RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING	MULTIPLE COMPL CASING/CEMEN	
DOWNHOLE COMMINGLE CLOSED-LOOP SYSTEM		
OTHER:	OTHER: RETU	JRN 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 recompletion.		
This well was returned to production August 13th, 2016. It was previously shut in due to		
Transwestern pipeline maintenance and replacement of pipe.		
		NM OIL CONSERVATION
		ARTESIA DISTRICT
		SEP 1 6 2016
		RECEIVED
		KECEIVED
0 10-4-	Die Delege Deter	
Spud Date:	Rig Release Date:	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
Chanda lh. 1010 u		
SIGNATURE AND TITLE Regulatory Technician DATE Sept 13, 2016		
Type or print name Rhonda She	ldon E-mail address: _rsheldon@c	cimarex.com PHONE: 918-295-1709
For State Use Only	$\Lambda \Omega = \Lambda = \Lambda$	0.4
APPROVED BY JOHEN Sharp TITLE Sus Up Offic-Udu DATE 9-16-16		
Conditions of Approval (if any):	1	