

Submit 1 Copy To Appropriate District Office
District I - (575) 393-6161
District II - (575) 748-1283
District III - (505) 334-6178
District IV - (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

NM OIL CONSERVATION
ARTESIA DISTRICT
Energy, Minerals and Natural Resources
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

SEP 22 2016
RECEIVED

Form C-103
Revised July 18, 2013

WELL API NO. 30-015-32286	
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>	
6. State Oil & Gas Lease No.	
7. Lease Name or Unit Agreement Name ECHOLS COMM	
8. Well Number 2	
9. OGRID Number 162683	
10. Pool name or Wildcat CARLSBAD, ATOKA SOUTH	
1. Type of Well: Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other	
2. Name of Operator CIMAREX ENERGY CO OF COLORADO	
3. Address of Operator 202 S. CHEYENNE AVE., #1000, TULSA OK 74103	
4. Well Location Unit Letter M : 1110 feet from the S line and 900 feet from the W line Section 12 Township 23S Range 26E NMPM County EDDY	
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3258 GR	

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
DOWNHOLE COMMINGLE <input type="checkbox"/>			
CLOSED-LOOP SYSTEM <input type="checkbox"/>			
OTHER: <input type="checkbox"/>		OTHER: RETURN TO PRODUCTION <input checked="" type="checkbox"/>	

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 25th, 2016. It was previously shut in due to Transwestern pipeline maintenance and replacement of pipe.

Spud Date:

Rig Release Date:

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Rhonda Sheldon TITLE Regulatory Technician DATE Sept 19, 2016

Type or print name Rhonda Sheldon E-mail address: rseldon@cimarex.com PHONE: 918-295-1709
For State Use Only

APPROVED BY Karen Sharp TITLE Bus Oper Spec-Adv DATE 9-22-16
Conditions of Approval (if any):