Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District 1</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	30-015-32286
<u>District III</u> - (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 <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		
SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
	DSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)		Echols Com 8. Well Number 002
1. Type of Well: Oil Well 2. Name of Operator	Gas Well 🔀 Other	002
2. Name of Operator Cimarex Energy Co. Of Col	prado	9. OGRID Number 162683
3. Address of Operator		10. Pool name or Wildcat
600 N. Marienfeld Suite 600,	Midland TX 79701	Carlsbad Atoka
4. Well Location	: 1110 feet from the South line and 9	00 Frat from the West line
Unit Letter <u>M</u> Section 12		
	Township 23S Range 26E 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK		
TEMPORARILY ABANDON		
PULL OR ALTER CASING		ТЈОВ 📙
CLOSED-LOOP SYSTEM		
OTHER: Shut	n 🖾 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 Completions: Attach wellbore diagram of proposed completion or recompletion.		
Cimarex requests to temporarily shut in the Echols Com #2 due to DCP Line issues.		
Approval of Temporary Shut in Expires 2-22-19 NM OIL CONSERVATION		
Approval of le	mportry Shul in copires a	-22-19 NM OIL CONSERVATION
		ARTESIA DISTRICT
		FEB 2 2 2018
		necenter
		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.		
Thereby centry that the information above is the and complete to the best of my knowledge and benefit.		
	1 A A A	1/21/2010
SIGNATURE	TITLE_Regulatory Analyst	DATE1/31/2018
Type or print name Amithy Crawford E-mail address: acrawford@cimarex.com PHONE: 432-620-1909		
For State Use Only		
ADDROVED BY ALT BE STREEST MILL BATE 2 22 18		
APPROVED BY: Conditions of Approval (if any):	Constitle Staff Mge	DATE 2-22-18
conditions of reproval (it any).	,	