Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N French Dr., Hobbs, NM 88240 <u>District II</u> – (575) 748-1283		WELL API NO.
811 S. First St, Artesia, NM 88210	OIL CONSERVATION DIVISION	30-015-39619
<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 FEE FEE THE STATE STATE FEE THE STATE
<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
	OSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	LITALIAN AND EEE
PROPOSALS)		UTAH 31 FEE 8. Well Number
1. Type of Well: Oil Well	Gas Well Other	001
2. Name of Operator		9. OGRID Number
Cimarex Energy Co. of Colorado		162683
3. Address of Operator	J TV 70701	10. Pool name or Wildcat
600 N Marienfeld, Ste 600; Midla	ind, 1X /9/01	Penasco Draw; SA-YESO (ASSOC)
4. Well Location	1650 6 (6 4)	220 6 (6 4)
Unit Letter L	_:1650feet from thesouthlir	ne and330feet from the
westline	T 1' 100 D	OCE NIMBM C (E11
Section 31	Township 18S Range 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	26E NMPM County Eddy
	3455 GR	A CONTRACTOR OF THE PARTY OF TH
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
		BSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON		RK ☐ ALTERING CASING ☐ ☐ RILLING OPNS.☐ P AND A ☐
PULL OR ALTER CASING		<u> </u>
DOWNHOLE COMMINGLE		
		_
OTHER: Request cancelled ADI		nd give portinent dates, including estimated date
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.		
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Cimarex respectfully requests	s that the APD for this well be cancelled.	
		RECEIVED
		AUG 15 2012
		And I 9 SAIS
		NMOCD ARTESIA
Cancolled Med	time) 8/15/12	
I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
CHONESTED Photos (11)	War Man and a second	7.77
SIGNATURE Algust 14, 2012 TITLE Regulatory Admin Assistant DATE August 14, 2012		
Type or print name Chloe Alexander E-mail address: cdalexander@cimarex.com PHONE: 432-620-1938		
For State Use Only	1	
	de TITLE D. T & Sysew	us alds
APPROVED BY:	TITLE UNT MISCH	DATE 8/15/12
Conditions of Approval (if any):	·	<i>(</i>