

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

**RECEIVED**

**SEP 22 2016**

**NM OIL CONSERVATION**  
**ARTESIA DISTRICT**  
**OIL CONSERVATION DIVISION**

State of New Mexico  
 Energy, Minerals and Natural Resources

1220 South St. Francis Dr.  
 Santa Fe, NM 87505

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
11. Elevation (Show whether DR, RKB, RT, GR, etc.)	3258 GR

SUNDRY NOTICES AND REPORTS ON WELLS  
 (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.)

1. Type of Well: Oil Well  Gas Well  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

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

<b>NOTICE OF INTENTION TO:</b> PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <input type="checkbox"/>		<b>SUBSEQUENT REPORT OF:</b> REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <u>RETURN TO PRODUCTION</u> <input checked="" type="checkbox"/>	
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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: rsheldon@cimarex.com PHONE: 918-295-1709

APPROVED BY Karen Sharp TITLE Bus Oper Spec-Adv DATE 9-22-16

Conditions of Approval (if any):