Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
District I - (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-025-30668
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
<u>District III</u> – (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South StH Panels Dr.	STATE FEE X
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Santa Fe, NM 87505 6 2020	6. State Oil & Gas Lease No.
87505 SUNDRY NOT	TICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPO	OSALS TO DRILL OR TO DEEPEN OR 1.00 BACK TO A ICATION FOR PERMIT" (FORM C-101) FOR SUCH	West Knowles
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 11
Name of Operator     Hunt Cimarron Limited Partnership		9. OGRID Number 164726
3. Address of Operator		10. Pool name or Wildcat
P.O. Box 1592, Roswell, New Mexico 88202-1592		Shipp Strawn
Cint Letter	feet from the South line and 3	feet from the East line
Section 34	Township 16-S Range 37-E	NMPM County Lea
	11. Elevation (Show whether DR, RKB, RT, GR, etc. 3766' GR	c.)
12. Check	Appropriate Box to Indicate Nature of Notice	e. Report or Other Data
		•
PERFORM REMEDIAL WORK TEMPORARILY ABANDON DULL OR ALTER CASING DOWNHOLE COMMINGLE	PLUG AND ABANDON	RILLING OPNS. P AND A
CLOSED-LOOP SYSTEM		
OTHER: Requested status u		
	pleted operations. (Clearly state all pertinent details, a vork). SEE RULE 19.15.7.14 NMAC. For Multiple Cocompletion.	
clean LCM out of the we	e. Will test casing integrity to 500# for 30 minutes ellbore, stimulate, and attempt to return to product to buildup and stabilize berm around production ta	ion. Surface location work will be undertaken to
Well is under a single we	ell plugging bond no. OCD 1214	
	(1)4	Condition of Approval: notify
	1 00 1	OCD Hobbs office 24 hours
	6 MORTY	prior of running MIT Test & Chart
-		
Spud Date:	Rig Release Date:	
I hereby certify that the information	above is true and complete to the best of my knowled	ge and belief.
SIGNATURE Kichard Cyclh	land TITLE President	DATE_10/7/2020
Type or print name Richard C. Gil	lliland E-mail address: richard.gilliland@h	nuntcompanies.com PHONE: (575) 623-9799
APPROVED BY: Conditions of Approval (if any):	Fute COD	DATE 11-10-70