Submit I Copy To Appropriate District Office	State of New Mexico		Form C-103 Revised August 1, 2011	
Office District I - (575) 393-6161 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St, Artesia, NM 88210 JUN 2912670 NSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr. 1000 Rio Brazos Rd., Aztec, NM 87410 1220 South St. Francis Dr. District IV - (505) 476-3460 1220 South St. Francis Dr. 1220 S St. Francis Dr., Santa Fe, NM Santa Fe, NM 87505 Strict IV - (505) 476-3460 Santa Fe, NM 87505 1220 S ON 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.) Gas Well Other			WELL API NO. 30-025-33184 5. Indicate Type of Lease STATE FEE 6. State Oil & Gas Lease No.	
			 7. Lease Name or Unit Agreement Name Eureka 36 State 8. Well Number 001 	
2. Name of Operator			9. OGRID Number	
Cimarex Energy Company of Colorado 3. Address of Operator 600 N. Marienfeld St, Ste 600 Midland, Texas 79701			162683 10. Pool name or Wildcat Vaccuum; Atoka-Morrow, N (Gas)	
4. Well Location				
Unit Letter <u>F</u> : 1980 Section 36	feet from the <u>North</u> Township 16S	line and <u>16</u> Range 34E	550 feet from the <u>West</u> line NMPM Lea County	
	levation (Show whether DR			
12. Check Approp	riate Box to Indicate N	ature of Notice,	Report or Other Data	
TEMPORARILY ABANDON 🛛 CHAN	ION TO: AND ABANDON NGE PLANS IPLE COMPL	SUB REMEDIAL WORI COMMENCE DRI CASING/CEMENT	LLING OPNS. P AND A	
OTHER:		OTHER:		
of starting any proposed work). SE proposed completion or recompletion -Notify NM OCD 24 hours prior to	F RULE 19.15.7.14 NMAC on. starting work. CI FW if necessary. NDWI Guiberson uni-vi packer. Id gauge ring to 12,500'. S I to approx. 12,400'. Circul	 For Multiple Con NU 3K BOP. At et CIBP @ approx. late well with 2% K0 		
I hereby certify that the information above is	true and complete to the be	st of my knowledge	and belief.	
SIGNATURE Keula Brune	SON_TITLE_Regul	atory Analyst	DATE06/07/12	
Type or print name <u>Paula Brunson</u>	E-mail address: [obrunson@cimarex.	comPHONE: <u>432-571-7848</u>	
For State Use Only A PPROVED BY: Conditions of Approval: Notify O 24 hours prior to running the TA p		pliance (Afree DATE 7/11/2012	
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