Submit 3 Copies To Appropriate District Office District I	State of New Mexico Energy, Minerals and Natural Resource	S	Form C-103 May 27, 2004
1625 N French Dr , Hobbs, NM 88240		WELL API NO.	
District III	CDOIL CONSERVATION DIVISION 1220 South St. Francis Dr.	5. Indicate Type of Leas	
1000 Rio Brazos Rd , Aztec, NM 87410 <u>District IV</u> 1220 S St. Francis Dr., Santa Fe, NM 1 7 87505		STATE 6. State Oil & Gas Lease	FEEe No.
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPERTY 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		7. Lease Name or Unit A	Agréement Name
		8. Well Number 001	
Name of Operator Cimarex Energy Co. of Colorado		9. OGRID Number 162683	
Address of Operator600 N. Marienfeld, Ste. 600; Midl	and, TX 79701	10. Pool name or Wildca Jalmat; Tan-Yates-7Riv	at
4. Well Location SHL Unit Letter G: 1650 feet from the North line and 1650 feet from the East line			
Section 25 Township	23S Range 36E NMPM		
Pit or Below-grade Tank Application □ or	11. Elevation (Show whether DR, RKB, RT, GR	, etc.)	
Pit type Depth to Groundwater Distance from nearest fresh water well Distance from nearest surface water			
Pit Liner Thickness: Below-Grade Tank: Volume bbls; Construction Material			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING			
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	CHANGE PLANS COMMENCE	DRILLING OPNS 🔲 P AND	· · · · · · · · · · · · · · · · · · ·
PULL OR ALTER CASING OTHER:	MULTIPLE COMPL	MENT JOB TA Well	
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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.			
10-15-12 MIRU. Load csg w/ KCl water and test to 550# for 30 mins. Okay. Chart attached. Well TA'd for 1 year.			
This Approval of Temporary 12-2013 Abandonment Expires			
	Abandonment Ex	pires	
I hereby certify that the information at	ove is true and complete to the best of my known osed according to NMOCD guidelines □, a general perm	vledge and belief. I further certify	that any pit or below-
signature and Brue	TITLE Regulatory Analyst	DATE October	• •
Type or print name Paula Brunso	nemail address:pbrunson@cimarex.	com Telephone No. 432	-571-7848 ~∴
For State Use Only	7/:/	,	
APPROVED BY: Conditions of Approval (if any):	TITLE SIST-1	DATI	10-23-2012
0			
		OCT	2 3 2012

