Submit 1 Copy To Appropriate District	State of New Mexico	Form C-103
Office <u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised August 1, 2011
1625 N. French Dr., Hobbs, NM 88240	8,,	WELL API NO.
District II - (575) 748-1283	OIL CONSERVATION DIVISION	30-025-30572
811 S. First St., Artesia, NM 88210 <u>District III</u> – (505) 334-6178	1220 South St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410	Santa Fe, NM 87505	STATE FEE
<u>District IV</u> – (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM	Bailla 1 C, INIVI 07505	6. State Oil & Gas Lease No.
87505		
	ICES 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	
PROPOSALS.)	CATION FOR PERMIT (FORM C-101) FOR SUCH	LUSK WEST DELAWARE
1. Type of Well: Oil Well	Gas Well Other	8. Well Number 103
2. Name of Operator		9. OGRID Number
	sergy Co. of Colorado	162683
Cimarex Energy Co. of Colorado 3. Address of Operator		10. Pool name or Wildcat
600 N. Marienfeld Street, Suite 600, Midland, TX 79701		Lusk Delaware, West
4. Well Location		
Unit Letter C: 990		feet from the West line
Section 21	Township 19S Range 32E	
	11. Elevation (Show whether DR, RKB, RT, GR, etc.	
Shipping the State of the State	3596' GR	
12. Check	Appropriate Box to Indicate Nature of Notice,	Report or Other Data
NOTICE OF IN	TENTION TO: SUB	SEQUENT REPORT OF:
PERFORM REMEDIAL WORK	PLUG AND ABANDON REMEDIAL WOR	
	CHANGE PLANS COMMENCE DR	
		
PULL OR ALTER CASING DOWNHOLE COMMINGLE	MULTIPLE COMPL CASING/CEMEN	1306
DOWNHOLE COMMINGLE		
OTHER:	OTHER: Five-ye	ar MIT
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.		
		,
3/22/13. 5 year MIT pressure test.	Notified OOD of test. Pressured up to 360 psi on casin	g and held for 35 mins Test good.
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Spud Date: 3/9/1989	Rig Release Date:	NATIONS.
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I haraby cartify that the information	above is true and complete to the best of my knowledg	a and baliaf
Thereby certify that the information	above is true and complete to the best of my knowledg	e and benen.
0 0 0		
SIGNATURE COLUMN (19)	LIANS TITLE Regulatory Analyst	DATE <u>3/27/13</u>
Type or print name Paula Brunson E-mail address: pbrunson@cimarex.com PHONE: (432) 571-7848		
For State Use Only		
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APPROVED BY	TITLE USI- MARKE	DATE 7-1-2013
Conditions of Approval (if any):)	

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