Office District Consider the Constant of	Submit 3 Copies To Appropriate District	State of New Mexico	Form C-103
MELL APT NO. Distance Dist		· · ·	
Dolling Consider New Actions Not State Not St		Energy, withertais and reactar resource	
1220 South St. Francis Dr. Santa Fe, NM 8740 Santa Fe, NM 87505 SulnDry NOTICES AND REPORTS ON WELLS DO NOT USE THIS FORM FOR PROPOSALS TO DEEDETH OR PLUG BACK TO A DIFFERENT RESERVOIR USE **PAPLICATION FOR PERMIT FORM C-010 FOR SUCH PROPOSALS TO BELLE OR TO DEEDETH OR PLUG BACK TO A DIFFERENT RESERVOIR USE **PAPLICATION FOR PERMIT FORM C-010 FOR SUCH PROPOSALS TO BELLE OR TO BE SERVING THE PAPLICATION FOR PERMIT FORM C-010 FOR SUCH PROPOSALS TO BELLE OR TO BE SERVING THE PAPLICATION FOR PERMIT FORM C-010 FOR SUCH PROPOSALS TO BE SERVING THE PAPLICATION FOR PERMIT FORM C-010 FOR SUCH PROPOSALS TO BELLE OR TO BE SERVING THE PAPLICATION FOR THE PROPOSALS TO BELLE OR TO BE SERVING THE PAPLICATION FOR T		OH CONCEDIATION DIVIGIO	20.025.25046
1220 South St. Francis Dr. Santa Fe, NM 87410 Santa Fe, NM 87505 6. State Oil & Gas Lease No.			5. Indicate Type of Lease
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Bilbrey 32 State Com			
Ropersorials Section			
1. Type of Well: Oil Well Gas Well Other S. Well Number		CATION FOR PERMIT (FORM C-101) FOR SUCH	
2. Name of Operator Cimarex Energy Co. of Colorado 3. Address of Operator PO Box 140907; Irving, TX 75014-0907 4. Well Location Unit Letter K: 1330 feet from the South line and 1980 feet from the West line Section 32 Township 21S Range 32E NMPM County Lea 3710 'GR Location 32 Township 21S Range 32E NMPM County Lea 48 Line Section 32E NM	,	Gas Well 🖾 Other 🗀	8. Well Number
Cimarex Energy Co. of Colorado 162683 1626			
10. Pool name or Wildcat Bilbrey; Morrow (Gas) 11. Well Location Unit Letter K: 1330 feet from the South line and 1980 feet from the West line Section 32 Township 21S Range 32E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710° GR 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710° GR 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASIN COMMENCE DRILLING OPNS P AND A PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB Add Morrow Perecompletion. 12. Check See RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed compressions and perfed Morrow 14162 - 14216° (4 & 6 JSPF, 52 holes). 12. The Detail 2-3/8" 4.7# L-80 tbg to 14142' with 10K Uni VI pkr @ 14120' with on/off tool	2. Name of Operator		9. OGRID Number
Bilbrey; Morrow (Gas) 1. Well Location Unit Letter K: 1330 feet from the South line and 1980 feet from the Section 32 Township 21S Range 32E NMPM County Lea 11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3710 'GR 12. Check Application or Clesure Distance from nearest fresh water well blbs; Construction Material 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK PLUG AND ABANDON CHANGE PLANS COMMENCE DRILLING OPNS PAND A	Cimarex Energy Co. of Colorado		162683
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nereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit on the base of the best of t	PULL OR ALTER CASING DTHER: 13. Describe proposed or comp starting any proposed work recompletion. 1-27-07 Acidized with 500 guns and perfed Market and perfect	MULTIPLE COMPL CASING/CONTROL OTHER: colleted operations. (Clearly state all pertinent detains). SEE RULE 1103. For Multiple Completions: do gal 5.1% - 7.5% Acid followed by 35 bbls treatment of the completions: do gal 5.1% - 7.5% Acid followed by 35 bbls treatment of the completions: do gal 5.1% - 7.5% Acid followed by 35 bbls treatment of the completions: do gal 5.1% - 7.5% Acid followed by 35 bbls treatment of the completions:	Add Morrow Perfs Add Mo
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Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephote No. 469-420-2723	nk has been/will be constructed or closed	d according to NMOCD guidelines 🔲, a general permit 🗌	☐ or an (attached) alternative OCD-approved plan ☐.
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