JUN n 2 7			FORM APPROVED OMB No. 1004-0135 Expires July 31, 1996 5. Lease Serial No	
SUNDRY NOTICES AND REPORTS ON WELLS SUNDRY NOTICES AND REPORTS ON WELLS About the state of the			LC-063586 6 If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No	
SUBMIT IN TI	RIPLICATE - Other instruction	ons on reverse side		1
1. Type of Well       Gas Well         Orl Well       Gas Well         2. Name of Operator         Cimarex Energy Co. of Colorado				Lusk West Delaware Unit 8. Well Name and No. Lusk West Delaware Unit No. 907 - 9 API Well No.
3e. Address PO Box 140907; Irving, TX 7	3b. Phone No (inclu 972-401-3111	de area code)	30-025-34132 - 10. Field and Pool, or Exploratory Area	
Location of Well (Footage, Sec, T., R. M., or Survey Description)     1650' FEL & 2200' FNL     29-19S-32E     12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE				Lusk; Delaware, West 11. County or Parish, State Lea County, NM
12. CHECK API TYPE OF SUBMISSION	T			E, REPORT, OR OTHER DATA
X Notice of Intent	Acidize	Deepen	Production (Start/F	Resume) Water Shut-Off
Subsequent Report	Alter Casing Casing Repair Change Plans	Fracture Treat	Reclamation Recomplete	Well Integrity
Final Abandonment Notice	Convert to Injection	Plug Back	X Temporarily Aband	
Attach the bond under which the work will following completion of the involved oper testing has been completed Final Aban determined that the site is ready for final Cimarex requests permission to T TOOH w/ injection equipment.	ations. If the operation results in a m donment Notices shall be filed only af inspection.) A well as follows in order to	nultiple completion or recor fter all requirements, includ perform a reservoir s	npletion in a new interval, ling reclamation, have bei tudy of the Lusk We:	a Form 3160-4 shall be filed once en completed, and the operator has
Plans to have well back in must be submitted by 8/2	service 27/08 or	nart to 500# for 30 m	unutes. 1 A well.	APPROVED
plans to P&A well must be by that time. Submit on S form 3160-5	undry notice			MAY 2 8 2008 /s/ JD Whitlock Je
LAST Month well wA. 14. I hereby certify that the foregoing is true a Name (Printed/Typed)		7 95 Per A	nko	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Natalie Krueger Signature		Regulatory A Date May 27, 200		
	THIS SPACE FOR	FEDERAL OR STA		
Approved by Conditions of Approval, if any, are attached. certify that the applicant holds legal or equita	varrant or	Title Office	Date	
which would entitle the applicant to conduct Title 18 U.S.C. Section 1001, makes it a crim fraudulent statements or representations as	operations thereon. ne for any person knowingly and w		partment or agency of th	ne United States any false, fictitious or
(Instructions on reverse)				