Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103
District I	Energy, Minerals and Natural Resource	es May 27, 2004
1625 N French Dr , Hobbs, NM 88240 District II		WELL API NO. 30-015-38213
1301 W Grand Ave., Artesia, NM 8821		S. Indicate Type of Lease
<u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. Francis Dr.	STATE STATE
District IV	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S St. Francis Dr., Santa Fe, NM 87505		
SUNDRY NO (DO NOT USE THIS FORM FOR PRO	OTICES AND REPORTS ON WELLS POSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO PLICATION FOR PERMIT" (FORM C-101) FOR SUCH	
PROPOSALS.)	·	CHASER 8 STATE
1. Type of Well: Oil Well	Gas Well  Other	8. Well Number 011
2. Name of Operator		9. OGRID Number
Cimarex Energy Co. of Colora	ido	162683
3. Address of Operator 600 N. Marienfeld, Ste. 600;	Midland, TX 79701	10. Pool name or Wildcat EMPIRE; GLORIETA-YESO
4. Well Location		
	1650 feet from the North line and NMP	
Section 8 Townshi		
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3604 GR  Pit or Below-grade Tank Application □ or Closure □		
	rDistance from nearest fresh water well	Distance from negrest surface water
Pit Liner Thickness:		s; Construction Material
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
L	INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK TEMPORARILY ABANDON	<del></del>	L WORK A LTERING CASING CE DRILLING OPNS P AND A
PULL OR ALTER CASING		CEMENT JOB
OTHER:	Request Permit Extension 🗵 OTHER:	_
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.		
The APD for this well is due to expire on 10-12-12. Cimarex respectfully requests an extension due to rig scheduling.		
EXTENSION GRANTED. N	EW 6	_
EXPIRATION DATE 101	70/2013	RECEIVED
7		
,		SEP <b>2 1</b> 2012
		NMOCD ARTESIA
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .		
SIGNATURE MAN (U)	NarchTITLERegulatory A	dmin Assistant DATE September 20, 2012
Type or print name Chloe A	exander / email address: cdalexander@	cimarex.com Telephone No. 432-620-1960
For State Use Only	// [/2]	/ /
ADDDOVED DV:	LIMMU TITLE DED	OUIST DATE 9/2/2012
APPROVED BY: Conditions of Approval (if any):	TILE UD OF	DATE //