Submit 3 Copies To Appropriate District Office	State of New N		Form C-103		
District 1	Energy, Minerals and Na	atural Resources	May 27, 2004		
1625 N. French Dr., Hobbs, NM 88240 District II			WELL API NO. 30-015-38332		
1301 W. Grand Ave., Artesia, NM 88210	OIL CONSERVATIO		5. Indicate Type of Lease		
District III 1000 Rio Brazos Rd., Aztec, NM 87410	1220 South St. F		STATE S FEE		
District IV	Santa Fe, NM	87505	6. State Oil & Gas Lease No.		
1220 S. St. Francis Dr., Santa Fe, NM 87505					
SUNDRY NOTIO	7. Lease Name or Unit Agreement Name				
(DO NOT USE THIS FORM FOR PROPOS					
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)			EDDY IK STATE COM		
1. Type of Well: Oil Well 🛛 Gas Well 🗌 Other 📋			8. Well Number		
···			006		
2. Name of Operator	9. OGRID Number				
Cimarex Energy Co. of Colorado	162683				
3. Address of Operator	10. Pool name or Wildcat				
600 N. Marienfeld, Ste. 600; Mic	YOUNG; BONE SPRING				
4. Well Location					
SHL Unit Letter A : 330	feet from the <u>North</u> 1	ine and <u>660</u> feet	t from the <u>East</u> line		
Section 2 Township		ENMPM	CountyEddy		
	11. Elevation (Show whether I	DR, RKB, RT, GR, etc			
	3325' GR				
Pit or Below-grade Tank Application or					
Pit type Depth to Groundwater		h water well	_ Distance from nearest surface water		
Pit Liner Thickness:	Below-Grade Tank: Volume	bbls; Co	nstruction Material		
12. Check A	ppropriate Box to Indicate	Nature of Notice	, Report or Other Data		
NOTICE OF IN	BSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK		—			
			COMMENCE DRILLING OPNS C P AND A		
PULL OR ALTER CASING					
OTHER:	Request Permit Extension	OTHER:	·		
starting any proposed work). SE recompletion.	EE RULE 1103. For Multiple C	ompletions: Attach w	ive pertinent dates, including estimated date of vellbore diagram of proposed completion or		
The APD for this well is due to ex	pire on 12-27-12. Cimarex re	espectfully requests	an extension due to rig scheduling.		
	(•)				
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EXTENSION GR			DEC		
	ATE <u>12-27-13</u>		NOV 2 8 2012		
	11-12-21-12		NOV		
			NUV 2 8 2012		
			NMOCD ARTESIA		
			ARIESIA		
Lhoroby cortify that the information	about is true and complete to the	a hast of my leavel-	ge and belief. I further certify that any pit or below		
			ge and defiel. I further certify that any pit or below		
CIA M	A ⁻	,			
	10.01/1/11				

SIGNATURE (K	loe Ulixan (1	LTITLE	Regulatory Admin Assistant	DATE	<u>November 27, 2012</u>
Type or print name	Chloe Alexander	_email address:	cdalexander@cimarex.com		432-620-1960
For State Use Only	101	/	D.I.X	•	had in
APPROVED BY:	-1 C'SNGAAA	TITL	E 600/18415	DAT	re 11/28/2012
Conditions of Approva	l (if any):				and
					C. pou