

Submit 3 Copies To Appropriate District Office  
District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Ave., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

HOBBS OCD

State of New Mexico

Energy, Minerals and Natural Resources

Form C-103  
May 27, 2004

JAN 08 2013

OIL CONSERVATION DIVISION

RECEIVED 220 South St. Francis Dr.  
Santa Fe, NM 87505

WELL API NO. 30-025-22029 ✓
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name MOBILE STATE ✓
8. Well Number 001 ✓
9. OGRID Number 162683 ✓
10. Pool name or Wildcat Vacuum; Lower Wolfcamp, North

11. Elevation (Show whether DR, RKB, RT, GR, etc.)  
4061 GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

SUNDRY NOTICES AND REPORTS ON WELLS  
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator  
Cimarex Energy Co. of Colorado

3. Address of Operator  
600 N. Marienfeld, Ste. 600; Midland, TX 79701

4. Well Location  
SHL Unit Letter G : 1874 feet from the North line and 1874 feet from the East line  
Section 3 Township 17S Range 34E NMPM County Lea

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS <input type="checkbox"/>	P AND A <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	MULTIPLE COMPL <input type="checkbox"/>	CASING/CEMENT JOB <input type="checkbox"/>	
OTHER: Request TA Status Extension <input checked="" type="checkbox"/>		OTHER: <input type="checkbox"/>	

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.

Cimarex respectfully requests an extension of TA Status for 1 year. We are currently evaluating the area for secondary recovery.

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 Chloe Alexander TITLE Regulatory DATE October 11, 2012

Type or print name Chloe Alexander email address: cdalexander@cimarex.com Telephone No. 432-620-1938  
For State Use Only

APPROVED BY: [Signature] TITLE Dist. Mgr DATE 1-9-2013  
Conditions of Approval (if any):

APR 03 2013