Submit 3 Copies To Appropriate District  State of New Mexico	n C 102
State of New Mexico	Form C-103
Office District 1 1625 N. French Dr., Hobbs, NM 88240  JAN 0 8 2013  Energy, Minerals and Natural Resources 2013	May 27, 2004 WELL API NO.
	30-025-22029
1301 W. Grand Avc., Artesia, NM 88210 OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III 1000 Rio Brazos Rd., Aztec, NM 87410  RECEIVED 220 South St. Francis Dr.	STATE FEE
District IV Santa Pe, NW 87303	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fc, NM	
87505 SUNDRY NOTICES AND REPORTS ON WELLS	7. Lease Name or Unit Agreement Name
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A	, Zeast Time of Samuagetonian
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)	MOBILE STATE
1. Type of Well: Oil Well  Gas Well  Other	8. Well Number
	001
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; Midland, TX 79701	Vacuum; Lower Wolfcamp, North
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
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; Con	nstruction Material
12. Check Appropriate Box to Indicate Nature of Notice	Penart or Other Data
/ <del></del>	
PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WOR	BSEQUENT REPORT OF:  RK   ALTERING CASING
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DE	
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMEN	_
OTHER: Request TA Status Extention 🛛 OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and gi	ive partinent dates including estimated date of
starting any proposed work). SEE RULE 1103 For Multiple Completions: Attach we recompletion.	
Cimarex respectfully requests an extension of TA Status for 1 year. We are curre	ently evaluating the area for secondary
recovery.	, , , , , , , , , , , , , , , , , , , ,
I hereby certify that the information above is true and complete to the best of my knowled	ge and helief. I further certify that any nit or below-
grade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [	
SIGNATURE REGULATORY DATE REGULATORY DATE	October 11, 2012
	m. 1 . 4
Type or print name <u>Chloe Alexander</u> email address: <u>cdalexander@cimare</u>	x.com Telephone No. 432-620-1938
For State Use Only	<del>-</del>
APPROVED BY TITLE JOST	DATE 1-9-201
Conditions of Approval (if any):	The state of the s