

HOBBS OCD

AUG 29 2013

RECEIVED

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

WELL API NO.

30-025-09421

5. Indicate Type of Lease

STATE ☒ FEE ☒

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement Name

LANKFORD

8. Well Number

001

9. OGRID Number

162683

10. Pool name or Wildcat

Jalmat; Tan-Yates-7Riv

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 : 1650 feet from the North line and 1650 feet from the East line
Section 25 Township 23S Range 36E NMPM County Lea

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

3354 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 _____

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐ MULTIPLE COMPL ☐
OTHER: Request TA Status Extension ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: TR ☒

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.

8/15/13. Notified Mark Whitaker, OCD, of intent to conduct MIT.

8/16/13. Conducted MIT @ 550 psi for 30 minutes. Test okay.

MIT chart is attached.

This Approval of Temporary
Abandonment Expires 8/16/2014I 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 Paula Brunson TITLE Regulatory Compliance DATE August 28, 2013

Type or print name Paula Brunson email address: pbrunson@cimarex.com Telephone No. 432-571-7848

For State Use Only

APPROVED BY: Miley Brown TITLE Compliance Officer DATE 8/30/2013

Conditions of Approval (if any)

SEP 03 2013

