Energy, Minerals and Natural Resources   May 27, 2004	Submit 3 Copies To Appropriate District Office	State of New Mexico	Form C-103	
Date   Clind Ave., Ansia, NM \$224  Close		gy, Minerals and Natural Resources		
1361 W. Grand Ave., Anteric, MM \$210 M. Santa Fe, NM 87505   1220 South St. Francis Dr. Santa Fe, NM 87505   1220 South St.				
STATE   FEE	1301 W. Grand Ave., Artesia, NM 8821 HOBBS OF	1220 South St. Francis Dr.		
SUNDRY NOTICES AND REPORTS ON WELLS OBSTRUCTURE THIS FORM FOR PROVISED AND THE PROPERTY RESERVOR. USE "APPLICATION FOR PROME" OF THE BLANCE TO A DIFFERENT RESERVOR. USE "APPLICATION FOR PROME" CORM C-161) FOR SUCH PROPOSALS.)  1. Type of Well: Oil Well				
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1. Type of Well: Oil Well	SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSITE OF PARTIES OF PROPOSITE		Blanco 3 State Com	
Cimarex Energy Co. of Colorado   162683   3. Address of Operator   10. Pool name or Wildcat   10. Po				
3. Address of Operator 600 N. Marienfeld, Ste. 600; Midland, TX 79701  10. Pool name or Wildcat Brinninstool; Bone Spring  4. Well Location SHL Unit Letter P: 330 feet from the South line and 380 feet from the East line Section 3 Township 235 Range 33E NMPM County Lea  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  235 Sor GR  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  235 Sor GR  11. Elevation (Show whether DR, RKB, RT, GR, etc.)  235 Below-Grade Tank Application or Closure:  12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data  NOTICE OF INTENTION TO:  240 SUBSEQUENT REPORT OF:  251 EMPORARILLY ABANDON  CHANGE PLANS  COMMENCE DRILLING OPNS  PANDA  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 6/13/14. Cimarex respectfully requests an extension due to rig scheduling.  13. Describe 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 6/13/14. Cimarex respectfully requests an extension due to rig scheduling.  14. EXTENSION  15. For State Use Only  16. For State Use Only  17. For State Use Only	2. Name of Operator			
Brinninstool; Bone Spring	Cimarex Energy Co. of Colorado		, , , , , , , , , , , , , , , , , , , ,	
SHL Unit Letter P: 330 feet from the South line and 380 feet from the East line    Socion   3 Township   235 Range   33F NMPM   County   Lea	1 -	79701	1	
Section 3 Township 23S Range 33E NMPM County Lea    11. Elevation (Show whether DR, RKB, RT, GR, etc.)	4. Well Location			
The Redow grade Tank Application   or Closure	SHL Unit Letter P: 330 feet from	the South line and 380 feet fi	rom the <u>East</u> line	
Distance from nearest surface water				
Distance from nearest fresh water well   Distance from nearest surface water	3550′ GR			
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data   NOTICE OF INTENTION TO:   SUBSEQUENT REPORT OF:				
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PERFORM REMEDIAL WORK  PLUIG AND ABANDON  REMEDIAL WORK  AND A LATERING CASING  PULL OR ALTER CASING  MULTIPLE COMPL  CASING/CEMENT JOB  THER:  Request Permit Extension  THER:  Request Permit Extension  THER:  Thereby 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  AND ALLE ALLE ALLE ALLE ALLE ALLE ALLE ALL			T	
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The APD for this well is due to expire on 6/13/14. Cimarex respectfully requests an extension due to rig scheduling.    VEAR EXTENSION	starting any proposed work). SEE RULE			
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Type or print name Chloe Alexander email address: cdalexander@cimarex.com Telephone No. 432-620-1938  For State Use Only				
For State Use Only	SIGNATURE M SOLUMON	Regulatory Admin	Assistant DATE January 3, 2014	
APPROVED BY: Malure Stown TITLE Compliance Office DATE 1/7/2014  Conditions of Approval (if any):  AND 7 2014	• • •	email address:cdalexander@cimare	ex.com Telephone No. 432-620-1938	
Conditions of Approval (if any):		TITLE COM DIAM	co. Office > DATE 1/1/2014	
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