Submit 3 Copies To Appropriate District Office <u>District 1</u> 1625 N. French Dr., Hobbs, NM 88240	Dr., Hobbs, NM 88240Energy, Minerals and Natural ResourcesAve., Artesia, NM 88210OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505		Form C-103 May 27, 2004 WELL API NO. 30-015-38322 5. Indicate Type of Lease STATE STATE FEE 6. State Oil & Gas Lease No.				
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							
SUNDRY NOTIC (DO NOT USE THIS FORM FOR PROPOSA DIFFERENT RESERVOIR. USE "APPLICA PROPOSALS.) 1. Type of Well: Oil Well G	 7. Lease Name or Unit Agreement Name MAYARO 22 STATE 8. Well Number 002 						
2. Name of Operator Cimarex Energy Co. of Colorado			9. OGRID Number 162683				
 Address of Operator 600 N. Marienfeld, Ste. 600; Midland, TX 79701 			10. Pool name or Wildcat EMPIRE; GLORIETA-YESO				
4. Well Location SHL Unit Letter O : 845 feet from the South line and 1900 feet from the East line							
Section 22 Township		NMPM	County Eddy				
Image Image Image Image Image Interview Interview Interview Interview Interview Interview In							
Pit type Depth to GroundwaterDistance from nearest fresh water well Distance from nearest surface water							
Pit Liner Thickness:Below-Grade Tank: Volumebbls; Construction Material							
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data							
			SEQUENT REPORT OF:				
	PLUG AND ABANDON		LLING OPNS 🔲 P AND A 🔤				
	MULTIPLE COMPL	CASING/CEMENT OTHER:	I JOR []				
12 Describe menered en ermuleted e	•						

 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 12-27-12. Cimarex respectfully requests an extension due to rig scheduling.

EXTENSION GRANTED. NEW

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EXPIRATION DATE <u>12-27-13</u>

RECEIVED
NOV 2 8 2012
NMOCD ARTESIA

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 belowgrade tank has been/will be constructed or closed according to NMOCD guidelines [], a general permit [] or an (attached) alternative OCD-approved plan [].

signature///b	March	TITLE	Regulatory Admin Assistant	DATEN	ovember 27, <u>2012</u>
Type or print name	Chloe Alexander	_email address:	cdalexander@cimarex.com	_Telephone No <u>.</u>	432-620-1960
For State Use Only	/ Marin		Dailarist		11/25por
APPROVED BY: Conditions of Approval	(if any):	<u>I</u> TITLE	001041	DATE	ma
			•		41W