Submit 3 Copies To Appropriate District State of New Mexico Office District 1 HOBIEN Sy, Minerals and Natural Resources	Form C-103 / May 27, 2004
1625 N. French Dr., Hobbs, NM 88240 <u>District II</u> 1301 W. Grand Ave., Artesia, NM 88210 NIG PEL283 NSERVATION DIVISION	WELL API NO. 30-025-09421 5. Indicate Type of Lease
District III 1220 South St. Francis Dr	STATE \boxtimes FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> 1220 S. St. Francis Dr., Santa Fe, NM 87505 RECEIVEDSanta Fe, NM 87505	6. State Oil & Gas Lease No.
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	7. Lease Name or Unit Agreement Name
PROPOSALS.) 1. Type of Well: Oil Well 🖾 Gas Well 🗌 Other 🔲	8. Well Number 001
2. Name of Operator Cimarex Energy Co. of Colorado	9. OGRID Number 162683
3. Address of Operator	10. Pool name or Wildcat
600 N. Marienfeld, Ste. 600; Midland, TX 79701	Jalmat; Tan-Yates-7Riv
4. Well Location SHL Unit Letter <u>G</u> : <u>1650</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>East</u> line	
Section 25 Township 23S Range 36E NMPM 11. Elevation (Show whether DR, RKB, RT, GR, etc.)	CountyLea
Pit or Below-grade Tank Application 🗋 or Closure 🗋	
Pit type Depth to GroundwaterDistance from nearest fresh water wellDistance 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	
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:	
TEMPORARILY ABANDON CHANGE PLANS COMMENCE DRI PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT	
OTHER: Request TA Status Extension I OTHER:	
 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.	
secondary recovery. Only Well that bee INActive for	
INActive for Zotyps	
ZOTYRS	
	/
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 Have Burson TITLE Regulatory Compliance DATE August 14, 2013	
Type or print name Paula Brunson email address: pbrunson@cimarex.com Telephone No. 432-571-7848 For State Use Only	
APPROVED BY: <u>TITLE</u> DIST. MGP DATE 8-21-2013 Conditions of Approval (if any).	
Conditions of Approval (It any).	AUG 2 1 2013

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