

Submit 1 Copy To Appropriate District Office
District I – (575) 393-6161
1625 N. French Dr., Hobbs, NM 88240
District II – (575) 748-1283
811 S. First St., Artesia, NM 88210
District III – (505) 334-6178
1000 Rio Brazos Rd., Aztec, NM 87410
District IV – (505) 476-3460
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals and Natural Resources

Form C-103
Revised July 18, 2013

OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

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.)		WELL API NO. 30-015-40449
1. Type of Well: Oil Well ☐ Gas Well ☐ Other ☐		5. Indicate Type of Lease STATE ☐ FEE ☒
2. Name of Operator Cimarex Energy Co.		6. State Oil & Gas Lease No.
3. Address of Operator 600 N. Marienfeld, Midland, TX 79701, Suite 600		7. Lease Name or Unit Agreement Name California 29 Fee
4. Well Location Unit Letter <u>L</u> : <u>1650</u> feet from the <u>South</u> line and <u>330</u> feet from the <u>West</u> line Section <u>29</u> Township <u>18S</u> Range <u>26E</u> NMPM Eddy County		8. Well Number 002
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3433' GL		9. OGRID Number 215099
		10. Pool name or Wildcat PENASCO DRAW; SA YESO (ASSOC)

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 ☐
DOWNHOLE COMMINGLE ☐
CLOSED-LOOP SYSTEM ☐
OTHER: Request permit extension ☒

SUBSEQUENT REPORT OF:

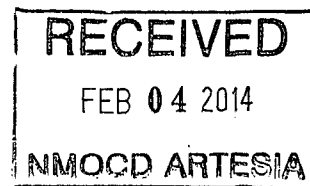
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐
OTHER: ☐

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 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The permit for this well is due to expire on 7/10/14. Cimarex respectfully requests an extension due to rig scheduling.

APD Approved for 1-1 year Extension

APD expires 7/10/15 - final extension



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Chloe Alexander TITLE Regulatory Admin Assistant DATE 2/3/14

Type or print name Chloe Alexander E-mail address: cdalexander@cimarex.com PHONE: 432-620-1938
For State Use Only

APPROVED BY: RDade TITLE Dist # Supervisor DATE 2/6/14
Conditions of Approval (if any):