Submit 1 Copy To Appropriate District Office	State of New Mexico	Form C-103
<u>District I</u> – (575) 393-6161	Energy, Minerals and Natural Resources	Revised July 18, 2013
1625 N. French Dr., Hobbs, NM 88240 District II – (575) 748-1283		WELL API NO. 30-015-40450
811 S. First St., Artesia, NM 88210	OIL CONSERVATION DIVISION	5. Indicate Type of Lease
District III - (505) 334-6178 1220 South St. Francis Dr.		STATE   FEE
1000 Rio Brazos Rd., Aztec, NM 87410 <u>District IV</u> – (505) 476-3460	Santa Fe, NM 87505	6. State Oil & Gas Lease No.
1220 S. St. Francis Dr., Santa Fe, NM 87505		·
SUNDRY NOTICES AND REPORTS ON WELLS		7. Lease Name or Unit Agreement Name
(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		California 29 Fee
PROPOSALS.)		8. Well Number
1. Type of Well: Oil Well Gas Well Other		003
2. Name of Operator		9. OGRID Number
Cimarex Energy Co.  3. Address of Operator		215099 10. Pool name or Wildcat
600 N. Marienfeld, Midland, TX 79701, Suite 600		PENASCO DRAW; SA YESO (ASSOC)
4. Well Location		
Unit Letter M : 99	0feet from theSouth line and990	feet from theWestline
Section 29	Township 18S Range 26E	NMPM Eddy County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3426' GL		
	1	and the second
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data		
NOTICE OF INTENTION TO:  SUBSEQUENT REPORT OF:		
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐ TEMPORARILY ABANDON ☐ CHANGE PLANS ☐ COMMENCE DRILLING OPNS.☐ P AND A ☐		
PULL OR ALTER CASING   MULTIPLE COMPL   CASING/CEMENT JOB		
DOWNHOLE COMMINGLE		
CLOSED-LOOP SYSTEM		
OTHER: Request permit extension ☑ 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.		
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The permit for this well is due to exp	pire on 7/10/14. Cimarex respectfully requests an exten	usion due to rig scheduling
I year Extension Hop	PECELVED 1	racCEIVED
	RECEIVED	FEB <b>0 4 201</b> 4
1 year Extension Apr 1PD Expires 7/10/2 Final extension	20/5   FEB <b>0 4</b> 2014	
7	/ 2 1 2011	OCD ARTES A
Junal extension	NMOCD ARTESIA	
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I hereby certify that the information above is true and complete to the best of my knowledge and belief.		
SIGNATURE A LOP (OLIGINATURE Regulatory Admin Assistant DATE 2/3/14		
SIGNATURE // STOP / VSKI	TITLE Regulatory Admin Assistant I	DATE2/3/14
Type or print name Chloe Alexander E-mail address:cdalexander@cimarex.com PHONE: 432-620-1938		
For State Use Only		
APPROVED BY: TOUCH TITLE DIST HOPENISM DATE 2/6/2015		
APPROVED BY: ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (	TITLE () () (1)	MINI DATE 0/6/0013