

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

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

WELL API NO. 30-015-39852
5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No.
7. Lease Name or Unit Agreement Name North Dakota 31 Fee
8. Well Number 002
9. OGRID Number 162683
10. Pool name or Wildcat Penasco Draw; SA-YESO (ASSOC)

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)

1. Type of Well: Oil Well ☒ Gas Well ☐ Other ☐

2. Name of Operator
Cimarex Energy Co. of Colorado

3. Address of Operator
600 N Marienfeld, Ste 600; Midland, TX 79701

4. Well Location
Unit Letter P : 990 feet from the south line and 990 feet from the east line
Section 31 Township 18S Range 26E NMPM County Eddy

11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3404 GR

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 ☐

SUBSEQUENT REPORT OF:

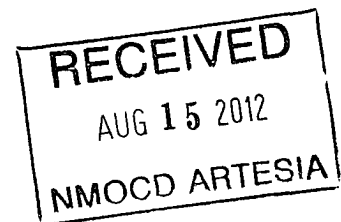
REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ P AND A ☐
CASING/CEMENT JOB ☐

OTHER: Request cancelled ADP for this well ☒

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.

Cimarex respectfully requests that the APD for this well be cancelled.



Cancelled effective 8/15/12
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 August 14, 2012

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

For State Use Only

APPROVED BY: RD Wade TITLE Dist H Supervisor DATE 8/15/12
Conditions of Approval (if any):