



WELL API NO.

30-015-36629

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil &amp; Gas Lease No.

7. Lease Name or Unit Agreement Name

Koopas 32 State Com

8. Well Number

001

9. OGRID Number

162683

10. Pool name or Wildcat

WC; Glorieta-Yeso

## 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

SHL Unit Letter A : 360 feet from the North line and 330 feet from the East line

Section 32 Township 16S Range 29E NMPM County Eddy

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

3602' GR

Pit or Below-grade Tank Application ☐ or Closure ☐

Pit type \_\_\_\_\_ Depth to Groundwater \_\_\_\_\_ Distance from nearest fresh water well \_\_\_\_\_ Distance from nearest surface water \_\_\_\_\_

Pit Liner Thickness: \_\_\_\_\_ Below-Grade Tank: Volume \_\_\_\_\_ bbls; Construction Material \_\_\_\_\_

## 12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

## NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐TEMPORARILY ABANDON ☐PULL OR ALTER CASING ☐

OTHER:

PLUG AND ABANDON ☐CHANGE PLANS ☐MULTIPLE COMPL ☐Request Permit Extension ☒

## SUBSEQUENT REPORT OF:

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

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 1103. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

The permit for the well above is scheduled to expire 09-20-10. Cimarex respectfully requests an extension due to rig scheduling.

Current NMOCD rules and regulations must be met at time of drilling

Final Extension  
**APPROVED FOR 1 YEAR**  
**EXPIRES: 9/20/2011**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 Natalie Krueger TITLE Regulatory Analyst DATE August 24, 2010Type or print name Natalie Krueger email address: nkrueger@cimarex.com Telephone No. 432-620-1936

## For State Use Only

APPROVED BY: David Gray TITLE Compliance Officer DATE 8-25-10

Conditions of Approval (if any):

submit form C-141 for this well before commencing drilling operations