Submit I Copy To Appropriate District Office State of New Mex	
District – (575) 393-6161 HOBBS OCE nergy, Minerals and Nature 1625 N. French Dr., Hobbs, NM 88240	nl Resources Revised August 1, 2011 WELL API NO.
District II - (575) 748-1283 811 S. First St., Artesia, NM 8883 EP 2 4 23 GIL CONSERVATION District III - (505) 334-6178	DIVISION 30-025-
1000 Dio Prozon Del Antro NIM 97410	5. Indicate Type of Lease
District IV – (505) 476-3466 Santa Fe, NM 875	6. State Oil & Gas Lease No.
87505	
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLU	7. Lease Name or Unit Agreement Name G BACK TO A Thyme APY Federal
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR PROPOSALS.)	8. Well Number
i. Type of Well: Oil Well Gas Well Other	8 H
2. Name of Operator Cimarex Energy Co.	9. OGRID Number 215099
3. Address of Operator	
600 N. Marienfeld Street, Suite 600; Midland	The section of the se
4. Well Location	
	line and 2130 feet from the West line
Section 1 Township 23S 11. Elevation (Show whether DR, I	Range 32E NMPM Lea County
3757' GR	
12. Check Appropriate Box to Indicate Na	ture of Notice, Report or Other Data
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ALTERING CASING COMMENCE DRILLING OPNS. P AND A COMMENCE DRILLING OPNS.	
TEMPORAL COMMENCE DRILLING OPNS. P AND A CASING CAS	
COMMINGLE	_
OTHER: Change Name of Operator	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 Name of Operator on the Federal Application for Permit to Drill for the above well, approved by the BLM on 9/17/13, should be Cimarex Energy Co. (OGRID # 215099), not Cimarex Energy Co. of Colorado.	
OCRID NO 212471	
PRODUCTV NO 30 12 VI	
POOL CODE 51683	
	POOL 000 9/1/1/13
Spud Date: Rig Release Date:	EFF. DATE 1/1/15-41423
	API NO. 30-025
I hereby certify that the information above is true and complete to the bes	t of my knowledge and helief
SIGNATURE CONTROL TITLE Regulatory Analyst DATE 09/23/2013	
Type or print name Paula Brunson E-mail address: pbrunson@cimarex.com PHONE: 432-571-7848	
For State Use Only	
APPROVED BY DECORD ONLYTTLE Conditions of Approval (if any): Conditions of Approval	DATE