Submit 3 Copies To Appropriate District State of New Me Office District I Energy, Minerals and Natu	ral Resources May 27, 2004				
1625 N. French Dr., Hobbs, NM 88240 District II 1301 W. Grand Ave., Artesia, NM 8 District III District III	WELL API NO.DIVISION30-025-406475. Indicate Type of Lease				
1000 Rio Brazos Rd., Aztec, NM 87410District IVJAN: 0 6 20141220 S. St. Francis Dr., Santa Fe, NM	$\square$ STATE $\square$ FEE $\square$				
87505 SUNDRY NOT USE THIS FORM FOR PROPOSALS TO PRILL OR TO DEEPEN OR PLU DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FO	JG BACK TO A DR SUCH				
PROPOSALS.) 1. Type of Well: Oil Well Gas Well Other	8. Well Number				
2. Name of Operator	9. OGRID Number				
Cimarex Energy Co. of Colorado	162683				
3. Address of Operator	10. Pool name or Wildcat				
600 N. Marienfeld, Ste. 600; Midland, TX 79701	Triple X; Bone Spring, West /				
4. Well Location					
SHL Unit Letter <u>C : 330</u> feet from the <u>North</u> line and <u>1650</u> feet from the <u>West</u> line /					
Section 5 Township 24S Range 33E NMPM County Lea					
11. Elevation (Show whether DR, RKB, RT, GR, etc.)         3659' GR         Pit or Below-grade Tank Application or Closure					
Pit type Depth to GroundwaterDistance 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:	SUBSEQUENT REPORT OF:				
PERFORM REMEDIAL WORK  PLUG AND ABANDON TEMPORARILY ABANDON CHANGE PLANS	REMEDIAL WORK     Image: Altering Casing Image: Altering Image: Altering Image: Altering Casing Image: Altering				
PULL OR ALTER CASING MULTIPLE COMPL					
OTHER: Request Permit Extension					

 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 APD for this well is due to expire on 6/26/14. Cimarex respectfully requests an extension due to rig scheduling.

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		1 YEAR	EXTENSION		
	6	-XPIRES	EXTENSION 5 6/26/15		
I hereby certify that the grade tank has been/yill b	e constructed or closed accor	ie and complete to t ding to NMOCD guidel	he best of my knowledge and be ines [], a general permit [] or an (att	lief. I further certify th tached) alternative OCD	1at any pit or below- -approved plan □.
SIGNATURE	be alle and	<b>U</b> TITLE	Regulatory Admin Assistant	DATElar	nuary 3, 2014
Type or print name	Chloe Alexander	email address:	cdalexander@cimarex.com	Telephone No	432-620-1938 /
For State Use Only APPROVED BY:	Maley Sho	wn TITL	E Compliance Q	fices DATE	1/7/2014
Conditions of Approva	al (if any): 💧		E Compliance Of	D JAN 072	2014