

Submit 1 Copy To Appropriate District Office
 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

State of New Mexico
 Energy, Minerals and Natural Resources

Form C-103
 Revised July 18, 2013

HOBBS OGD
RECEIVED
FEB 04 2014
 OIL CONSERVATION DIVISION
 1220 South St. Francis Dr.
 Santa Fe, NM 87505

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 <input type="checkbox"/> Gas Well <input type="checkbox"/> Other <input checked="" type="checkbox"/>		WELL API NO. 30-025-40663
2. Name of Operator Cimarex Energy Co.		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
3. Address of Operator 600 N. Marienfeld, Midland, TX 79701, Suite 600		6. State Oil & Gas Lease No.
4. Well Location Unit Letter <u>A</u> : <u>330</u> feet from the <u>North</u> line and <u>990</u> feet from the <u>East</u> line Section <u>6</u> Township <u>24S</u> Range <u>33E</u> NMPM Lea County		7. Lease Name or Unit Agreement Name Tres Equis State
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3645' GL		8. Well Number 013
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: Request permit extension <input checked="" type="checkbox"/>		9. OGRID Number 215099
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.		10. Pool name or Wildcat TRIPLE X; BONE SPRING, WEST

The permit for this well is due to expire on 7/2/14. Cimarex respectfully requests an extension due to rig scheduling.

Expires 7/02/2015

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 2/3/14

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

For State Use Only

APPROVED BY: [Signature] TITLE Petroleum Engineer DATE FEB 10 2014

Conditions of Approval (if any):

FEB 10 2014