

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD-ARTESIA

FORM APPROVED
OMB NO 1004-0135
Expires January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. LC 029387 A
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS		6. If Indian, Allottee or Tribe Name
3a. Address 600 N. MARIENFELD ST., STE. 600, MIDLAND, TX 79701	3b. Phone No. (include area code) (432) 571-7800	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER L 1650' FSL & 990' FWL SECTION 29, T-18S, R-31E		8. Well Name and No. SHUGART "A" #005
		9. API Well No. 30-015-05638
		10. Field and Pool, or Exploratory Area SHUGART (YATES-7R-QN-GB)
		11. County or Parish, State EDDY COUNTY N.M.

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

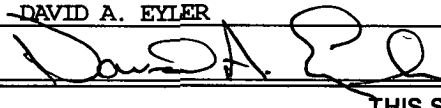
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

01/26/12: SET A 4-1/2" CIBP @ 3,115'; MIX X PUMP A 35 SX. OMT. PLUG ON TOP OF CIBP @ 3,115'; WOC.
01/27/12: TAG TOP OF OMT. PLUG @ 2,726'; MIX X PUMP A 5 SX. OMT. PLUG @ 2,726'-2,675' (CALC) (PER BLM);
CIRC. WELL W/ PAX FLUID; SET A 4-1/2" CIBP @ 2,500'; MIX X PUMP A 45 SX. OMT. PLUG ON TOP OF
CIBP @ 2,500'-2,050' (CALC.); PERF. 4-1/2" CSG. @ 1,915'; ATTEMPT TO EST. INJ. RATE - PRES. UP
TO 750# X HELD; MIX X PUMP A 25 SX. OMT. PLUG 1,965' (PER BLM); WOC.
01/28/12: TAG TOP OF OMT. PLUG @ 1,596'; PERF. 4-1/2" CSG. @ 745'; ATTEMPT TO EST. INJ. RATE - PRES. UP
TO 1,000# X HELD; MIX X PUMP A 25 SX. OMT. PLUG @ 795' (PER BLM); WOC X TAG TOP OF OMT. PLUG @
585'; PERF. 4-1/2" CSG. @ 63'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,000#; MIX X CIRC. TO
SURF. A 10 SX. OMT. PLUG @ 100'-3; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE
TO CASINGS X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 01/28/12.

**RECLAMATION
DUE 7-28-12**

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID A. EYLER	Title AGENT
	Date 02/03/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by Accepted For Record: James R. Amos	Title SEAS	Date 2-8-12
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office CFO	

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious, or fraudulent statements or representations as to any matter within its jurisdiction.

**Accepted for record
NMOC**

2/15/2012