UNITED STATES DEPARTMENT ATTS DEPARTMENT OF LAND MANAGEMENT FIELD OFFICE SUNDRY NOTICES AND RELOCED Houbs

| FORM APPROVED |
|------------------------|
| OMB NO. 1004-0135 |
| Expires: July 31, 2010 |

| 5. | Lease Serial No. |
|----|------------------|
| | NMNM86154 |

| abandoned | 6. If Indian, Allottee | or Tribe Name | | | | |
|--|--|--|--|--|--|--|
| SUBMIT IN 1 | 7. If Unit or CA/Agr | 7. If Unit or CA/Agreement, Name and/or No. | | | | |
| 1. Type of Well | 8. Well Name and No | | | | | |
| ☑ Oil Well ☐ Gas Well ☐ | | 25 FED COM 10H | | | | |
| Name of Operator CIMAREX ENERGY COM | 9. API Well No. 30-025-42082- | -00-X1 🗸 | | | | |
| 3a. Address 202 S CHEYENNE AVE. S TULSA, OK 74103 | UITE 1000 | 3b. Phone No. (include area code Ph: 918-560-7060 HOBBS | 10. Field and Pool, of TRISTE DRAV | 10. Field and Pool, or Exploratory TRISTE DRAW | | |
| 4. Location of Well (Footage, Sec | c., T., R., M., or Survey Description) | The state of the s | 11. County or Parish | , and State | | |
| Sec 25 T23S R32E SWSW 32.269353 N Lat, 103.6327 | | APR 212 | 2016 LEA COUNTY | , NM | | |
| 12. CHECK A | PPROPRIATE BOX(ES) TO | INDICATE NATURE OF | NOTICE, REPORT, OR OTHI | ER DATA | | |
| TYPE OF SUBMISSION | TYPE OF SUBMISSION TYPE OF ACTION | | | | | |
| Notice of Intent | ☐ Acidize | ☐ Deepen | ☐ Production (Start/Resume) | ☐ Water Shut-Off | | |
| ✓ Notice of Intent | ☐ Alter Casing | ☐ Fracture Treat | ☐ Reclamation | ☐ Well Integrity | | |
| ☐ Subsequent Report | ☐ Casing Repair | ■ New Construction | ☐ Recomplete | Other | | |
| ☐ Final Abandonment Notice | ☐ Change Plans | ☐ Plug and Abandon | □ Temporarily Abandon | Change to Original A | | |
| | ☐ Convert to Injection | ☐ Plug Back | ■ Water Disposal | 1.0 | | |
| extension due to rig sched | aling. | APPRO ENDING | VED FOR 24 MONTH PER G 8 22 2018 | RIOD | | |
| 14. I hereby certify that the foregoin | ng is true and correct | | | | | |
| | Electronic Submission #33 | 2276 verified by the BLM We RGY COMPANY OF CO, sen | t to the Hobbs | | | |
| | A EASTERLING | | LATORY ANALYST | | | |
| | | | | | | |
| Signature (Electronic Submission) | | Date 02/25/2 | 2016 | | | |
| | THIS SPACE FOR | R FEDERAL OR STATE | OFFICE USE | | | |
| Approved By J. D. W. | hetlorly | Title LPI | ET | Date 14/16 | | |
| Conditions of approval, if any, are atta certify that the applicant holds legal or which would entitle the applicant to co | r equitable title to those rights in the sonduct operations thereon. | ubject lease Office | | | | |
| | 43 U.S.C. Section 1212, make it a creent statements or representations as to | | d willfully to make to any department of | or agency of the United | | |