| Form 3160-5<br>(August 2007)  | ON ON  | FORM APPROVED<br>OMB NO. 1004-0135<br>Expires: July 31, 2010<br>5. Lease Serial No.<br>NMNM86154       |   |   |  |
|---|--|--|---|---|--|
| B<br>SUNDRY<br>Do not use th  |  |  |   |   |  |
| Do not use th<br>abandoned we   |  | ottee or Tribe Name  |   |   |  |
| SUBMIT IN TRI   | 7. If Unit or CA   | 7. If Unit or CA/Agreement, Name and/or No.  |   |   |  |
| 1. Type of Well<br>☑ Oil Well □ Gas Well □ Ot   |  | 8. Well Name and No.<br>TRISTE DRAW 25 FED COM 9H 🗸  |   |   |  |
| 2. Name of Operator<br>CIMAREX ENERGY COMPA   |  | 9. API Well No.<br>30-025-42198-00-X1  |   |   |  |
| 3a. Address<br>202 S CHEYENNE AVE. SUI<br>TULSA, OK 74103   | 10. Field and Po<br>TRISTE DF  | 10. Field and Pool, or Exploratory<br>TRISTE DRAW  |   |   |  |
| <ol> <li>Location of Well (Footage, Sec., 2)<br/>Sec 25 T23S R32E SWSW 3<br/>32.269353 N Lat, 103.632703</li> </ol>                     | 30FSL 1290FWL 🗸  | 2016 LEA COUN  | 11. County or Parish, and State<br>LEA COUNTY, NM   |   |  |
| 12. CHECK APP   | ROPRIATE BOX(ES) TO IN   | DICATE NATURE OF N   |   | THER DATA   |  |
| TYPE OF SUBMISSION  |  | TYPE OF  | ACTION  |   |  |
| <ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> </ul>                                       | <ul> <li>Acidize</li> <li>Alter Casing</li> <li>Casing Repair</li> <li>Change Plans</li> </ul> | <ul> <li>Deepen</li> <li>Fracture Treat</li> <li>New Construction</li> <li>Plug and Abandon</li> </ul> | <ul> <li>Production (Start/Resum</li> <li>Reclamation</li> <li>Recomplete</li> <li>Temporarily Abandon</li> </ul> | <ul> <li>Water Shut-Off</li> <li>Well Integrity</li> <li>Other<br/>Change to Original A<br/>PD</li> </ul> |  |
| The second second   | Convert to Injection   | Plug Back  | UWater Disposal   | Col Service March   |  |
|   |  |  | 0 FOR 24 MONTH PE   |   |  |
| 14. I hereby certify that the foregoing i   | is true and correct  |  |   |   |  |
| Con   | Electronic Submission #3322<br>For CIMAREX ENERG<br>mmitted to AFMSS for processir             |  |   |   |  |
| Name (Printed/Typed) ARICKA   | ATORY ANALYST  |  |   |   |  |
| Signature (Electronic Submission) Date 02/25/2016   |  |  |   |   |  |
|   | THIS SPACE FOR F   | EDERAL OR STATE  | OFFICE USE  |   |  |
| Approved By J. D. W. K.   |  | 7  | Date 4/16   |   |  |
| conditions of approval, if any, are attacher<br>ertify that the applicant holds legal or equipicant would entitle the applicant to cond | varrant or<br>ect lease Office CFO   |  | 12  |   |  |
| itle 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent  | 3 U.S.C. Section 1212, make it a crime<br>statements or representations as to an               | e for any person knowingly and<br>by matter within its jurisdiction.                                   | willfully to make to any departu  | ent or agency of the United   |  |
| ** BLM REV  | /ISED ** BLM REVISED **  | BLM REVISED ** BLN   | REVISED ** BLM REV  | /ISED **  |  |
|   |  |  |   | and   |  |
|   |  |  | A   | PR 2 8 2016   |  |

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