

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Cimarex Energy Co. 600 N. Marienfeld Street, Suite 600 Midland, TX 79701		² OGRID Number 215099
		³ Reason for Filing Code/ Effective Date NW 3/12/2015
⁴ API Number 30 -025-41363	⁵ Pool Name Sand Dunes; Bone Spring, South	⁶ Pool Code 53805
⁷ Property Code 39990	⁸ Property Name James Federal	⁹ Well Number 22H

II. ¹⁰ Surface Location

Ul or lot no. A	Section 29	Township 23S	Range 32E	Lot Idn	Feet from the 185	North/South Line North	Feet from the 660	East/West line East	County Lea
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¹¹ Bottom Hole Location

UL or lot no. P	Section 29	Township 23S	Range 32E	Lot Idn	Feet from the 368	North/South line South	Feet from the 409	East/West line East	County Lea
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 3/12/2015	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
21778	Sunoco Inc. R & M P O Box 2039; Tulsa OK	
226737	DCP Mistream 370 17th St, Ste 2500; Denver CO	

IV. Well Completion Data

²¹ Spud Date 08/29/2014	²² Ready Date 2/14/2015	²³ TD 13853	²⁴ PBSD 13808	²⁵ Perforations 9300-13739	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2	13 3/8	1309	1050		
12 1/4	9 5/8	4785	1400		
8 3/4	7	9654	800 TOC 4250'		
6 1/8	4 1/2	8611-13853	590 TOC 8611'		
	2 3/8	8704			

V. Well Test Data

³¹ Date New Oil 3/12/2015	³² Gas Delivery Date 3/12/2015	³³ Test Date 3/20/2015	³⁴ Test Length 24 hrs	³⁵ Tbg. Pressure 920	³⁶ Csg. Pressure 650
³⁷ Choke Size 28/64	³⁸ Oil 585	³⁹ Water 1388	⁴⁰ Gas 1121		⁴¹ Test Method Gas Lift

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Michelle Chappell*

Printed name: Michelle Chappell

Title: Regulatory Tech

E-mail Address: mchappell@cimarex.com

Date:
4/20/2015

Phone:
432-620-1959

Approved by:

Title: *Petroleum Engineer*

Approval Date: *05/04/15*

ReComp _____ Add New Well _____
Cancl Well _____ Create Pool _____

E-PERMITTING -- New Well _____
Comp *PM* P&A _____ TA _____
CSNG *PM* Loc Chng _____

MAY 04 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBSOCD

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

APR 27 2015

RECEIVED

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. NMNM0559539
2. Name of Operator CIMAREX ENERGY COMPANY Contact: CRISTEN BURDELL E-Mail: cburdell@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 202 S. CHEYENNE AVE STE 1000 TULSA, OK 74103	3b. Phone No. (include area code) Ph: 918-560-7038	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T23S R32E NENE 185FNL 660FEL		8. Well Name and No. JAMES FEDERAL 22H
		9. API Well No. 30-025-41363
		10. Field and Pool, or Exploratory SAND DUNES
		11. County or Parish, and State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input 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 site is ready for final inspection.)

08-29-14 Spud well.

08-30-14 TD 17-1/2 hole @ 1309. RIH w/ 13-3/8, 48#, J55, STC csg & set @ 1309.

08-31-14 Mix & pump lead: 850 sx Class C, 13.5 ppg, 1.72 yld. Tail w/ 200 sx Class C, 14.8 ppg, 1.35 yld. Circ 130 bbls to surface. WOC 8 hrs.

09-01-14 Test csg to 1500 psi for 30 mins. OK.

09-03-14 TD 12-1/4 hole @ 4785.

09-04-14 RIH w/ 9-5/8, 40#, J55, LTC csg & set @ 4785.

09-05-14 Mix & pump lead: 1100 sx Class C, 12.9 ppg, 1.89 yld; tail w/ 300 sx Class C, 14.8 ppg, 1.328 yld. Circ 74 bbls to surf. WOC 4 hrs. Test csg to 1500 psi for 30 mins. OK

09-16-14 TD 8-3/4 hole @ 9654.

09-19-14 RIH w/ 7, 26#, P110, BTC/LTC csg & set @ 9654. DVT tool @ 6988, ACP @ 6991. Mix & pump Test Stage: Lead: 180 sx Class H, 10.8 ppg, 2.77 yld; tail w/ 260 sx 14.5ppg, 1.238 yld; Open DV

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #289574 verified by the BLM Well Information System
For CIMAREX ENERGY COMPANY, sent to the Hobbs**

Name (Printed/Typed) CRISTEN BURDELL

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 01/27/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #289574 that would not fit on the form

32. Additional remarks, continued

Tool. Mix & pump 2nd Stage: Lead: 360 sx Class C, 10.8 ppg, 2.51 yld. WOC 12 hrs. TOC @4250.

Pressure tested annulus to 500# for 30 mins. OK.

09-20-14 Tested csg to 1500# for 30 mins.

09-22-14 Tested csg to 1500# for 30 mins. OK.

~~09-30-14 TD 6 1/8 hole @ 13853.~~

~~10-01-14 RIH w/ 4-1/2, 13.5#, L80, BTC liner & set @ 8611-13853.~~

10-02-14 Mix & pump 590 sx Class H, 14.5 ppg, 1.22 yld. Circ 96 sx to surf. TOC @ TOL - 8611

10-04-14 Release rig.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OGD

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

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.

APR 27 2015

SUBMIT IN TRIPLICATE - Other instructions on reverse side.		RECEIVED
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0559539
2. Name of Operator CIMAREX ENERGY COMPANY		6. If Indian, Allottee or Tribe Name
Contact: HOPE KNAULS E-Mail: hknauls@cimarex.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 202 S. CHEYENNE AVE. STE. 1000 TULSA, OK 74103	3b. Phone No. (include area code) Ph: 918-585-1100	8. Well Name and No. JAMES FEDERAL 22H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T23S R32E 185FNL 660FEL		9. API Well No. 30-025-41363
		10. Field and Pool, or Exploratory SAND DUNES, BS SOUTH
		11. County or Parish, and State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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 site is ready for final inspection.)

Please see attached C-102 dedicating 320 acres to the James Federal 22H well.
David Catanach, NMOCD approved 320 acre project area 3-6-15.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #294466 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY, sent to the Hobbs	
Name (Printed/Typed) HOPE KNAULS	Title REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 03/10/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 <i>Ka</i>

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

APR 27 2015

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

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

5. Lease Serial No.
NMNM0559539
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No.
JAMES FEDERAL 022H
9. API Well No.
30-025-41363
10. Field and Pool, or Exploratory
SAND DUNES;BONE SPRING,S
11. County or Parish, and State
LEA COUNTY, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other
2. Name of Operator
CIMAREX ENERGY CO
- Contact: MICHELLE CHAPPELL
E-Mail: mchappell@cimarex.com
- 3a. Address
600 N. MARIENFELD STREET, SUITE 600
MIDLAND, TX 79701
- 3b. Phone No. (include area code)
Ph: 432-620-1959
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 29 T23S R32E NENE 185FNL 660FEL

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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
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1-17-15 PBDT @ 13808'. Pressure test casing to 7000 psi for 30 minutes. Good
2-01-15 Perf Avalon @ 9,300' - 13,739', 828 holes, .54, frac w/ 6,796,245 gals fluid and 6,482,066# sand.
2-14-15 Mill out plugs. Flow well back.
3-01-15 RIH with 2 3/8" tubing and packer and set at 8,704'. Gas lift valves at 1,962', 3,230'
4,143', 4,961', 5,649', 6,235', 6,855', 7,448', 8,039', 8,662'.
3-04-15 Turn well to production.

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #298705 verified by the BLM Well Information System
For CIMAREX ENERGY CO, sent to the Hobbs

Name (Printed/Typed) MICHELLE CHAPPELL

Title REGULATORY TECHNICIAN

Signature (Electronic Submission)

Date 04/20/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____
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.

Title _____ Date _____
Office _____

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**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APR 27 2015

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOGS RECEIVED

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator CIMAREX ENERGY CO			Contact: MICHELLE CHAPPELL E-Mail: mchappell@cimarex.com		
3. Address 600 N. MARIENFELD STREET, SUITE 600 MIDLAND, TX 79701			3a. Phone No. (include area code) Ph: 432-620-1959		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface NENE 185FNL 660FEL At top prod interval reported below NENE 185FNL 660FEL At total depth SESE 368FSL 409FEL			8. Lease Name and Well No. JAMES FEDERAL 22H		
14. Date Spudded 08/29/2014			15. Date T.D. Reached 09/30/2014		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 02/14/2015			17. Elevations (DF, KB, RT, GL)* 3690 GL		
18. Total Depth: MD TVD 13853 9456		19. Plug Back T.D.: MD TVD 13808		20. Depth Bridge Plug Set: MD TVD	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) N/A			22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)		

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	48.0	0	1309		1050		0	
12.250	9.625 J55	40.0	0	4785		1400		0	
8.750	7.000 P110	26.0	0	9654	6988	800		4250	
6.125	4.500 L80	13.5	8611	13853		590		8611	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	8704	8704						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9300	13739	9300 TO 13739	0.540	828	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
9300 TO 13739	6,796,245 GALS OF FLUID & 6,482,066# OF SAND

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
03/12/2015	03/20/2015	24	→	585.0	1121.0	1388.0	44.9		GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
28	SI	920	→	650.0			522	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	SI		→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #298737 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
DELAWARE BONE SPRING	4815 8525	8525 15275	SANDSTONE: WATER SANDSTONE, SHALE, LIMESTONE	DELAWARE BONE SPRING	4815 8525

32. Additional remarks (include plugging procedure):

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #298737 Verified by the BLM Well Information System.
For CIMAREX ENERGY CO, sent to the Hobbs**

Name (please print) MICHELLE CHAPPELLTitle REGULATORY TECHNICIAN

Signature _____ (Electronic Submission)

Date 04/20/2015

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