Form 3160-5 (August 2007)

DEPARTMENT OF THE INTERCEPT Shad Field Of BUREAU OF LAND MANAGEMENT

als to drill or to re-enter an 3 (APD) for such proposals.		or Tribe Name eement, Name and/or No.				
		eement, Name and/or No.				
1. Type of Well Oil Well Gas Well Other						
1. Type of Well Oil Well Gas Well Other 2. Name of Operator CIMAREX ENERGY CO Contact: CHLOE ALEXANDER E-Mail: CDALEXANDER@CIMAREX.COM						
3a. Address 600 N MARIENFELD STE 600 MIDLAND, TX 79701 3b. Phone No. (include area code) 6 2013						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)						
Sec 26 T23S R33E Mer NMP 330FSL 2310FWL						
ES) TO INDICATE NATURE OF	NOTICE, REPORT, OR OTHE	ER DATA				
TYPE OF ACTION						
□ Deepen	☐ Production (Start/Resume)	■ Water Shut-Off				
□ Fracture Treat	□ Reclamation	■ Well Integrity				
■ New Construction	□ Recomplete	Other				
□ Plug and Abandon	□ Temporarily Abandon	Change to Original A PD				
ection Plug Back	■ Water Disposal					
ontally, give subsurface locations and mea provide the Bond No. on file with BLM/B ation results in a multiple completion or re all be filed only after all requirements, inclu-	isured and true vertical depths of all pertical. IA. Required subsequent reports shall be ecompletion in a new interval, a Form 31 uding reclamation, have been completed,	nent markers and zones. e filed within 30 days 60-4 shall be filed once				
E	3b. Phone No. (include area code Ph: 432-620-1938 cription) ES) TO INDICATE NATURE OF TYPE (Company of the Property of the Pr	3b. Phone No. (include area code) 6 2015 Ph: 432-620-1938 Cription) 10. Field and Pool, or TRIPLE X, BOI TRIPLE X, BOI 11. County or Parish, LEA COUNTY, ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHE TYPE OF ACTION Production (Start/Resume) Fracture Treat Reclamation New Construction Recomplete Plug and Abandon Temporarily Abandon				

ENDING/0-22-2017

14. I hereby certify that the	e foregoing is true and correct. Electronic Submission #297594 verifie For CIMAREX ENERGY Committed to AFMSS for processing	CO, se	ent to the Hobbs		P. July N.
Name (Printed/Typed)	CHLOE ALEXANDER	Title REGULATORY ADMIN ASSISTANT			
Signature	(Electronic Submission)	Date 04/08/2015			
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE		
Approved By J. &	2 Littorka	Title	LPET		9/21/15.
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	(Fo	K. &	

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

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.