

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.***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. NMNM056376
2. Name of Operator CIMAREX ENERGY CO OF COLORADO		6. If Indian, Allottee or Tribe Name
Contact: DAVID A EYLER Email: DEYLER@MILAGRO-RES.COM		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 600 N. MARIENFELD, SUITE 600 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-687-3033	8. Well Name and No. MALLON FEDERAL 30 043
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T19S R34E NESE 1980FSL 860FEL		9. API Well No. 30-025-34448
		10. Field and Pool, or Exploratory QUAIL RIDGE; BONE SPRINGS
		11. County or Parish, and State LEA COUNTY, NM

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF SUBMISSION

TYPE OF SUBMISSION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Deepen
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input checked="" type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Recombine
	<input type="checkbox"/> Temporarily Abandon
	<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 recompleate 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 recompleation 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.)

08/03/15: PUMP 35 SXS.CMT. @ 12,873'; WOC X TAG CMT. @ 12,015'; CIRC. WELL.  
08/05/15: SET PKR. @ 9,546' X PRES. TEST CSG. X CMT. PLUG TO 850# (PER BLM); HELD OK.  
08/06/15: PUMP 35 SXS.CMT. @ 11,185'-10,975'; PUMP 35 SXS.CMT. @ 10,556'-10,356'.  
08/07/15: SET 5-1/2" CIBP @ 9,200'; PUMP 35 SXS.CMT. @ 9,200'; WOC.  
08/08/15: TAG CMT. @ 8,950' (OK'D BY BLM); PRES. TEST CSG. X CIBP TO 750#-HELD OK;  
PUMP 30 SXS.CMT. @ 7,290'; WOC X TAG CMT. @ 7,013' (OK'D BY BLM); PUMP 80 SXS.CMT. @ 4,749'; WOC.  
08/09/15: TAG CMT. PLUG @ 4,076' (OK'D BY BLM); PUMP 45 SXS.CMT. @ 3,524'; WOC.  
08/10/15: TAG CMT. @ 3,301'; PUMP 25 SXS.CMT. @ 3,301'-3,101' (PER BLM); PUMP 40 SXS.CMT. @ 1,768';  
WOC X TAG @ 1,493' (OK'D BY BLM); PUMP 25 SXS.CMT. @ 707'; WOC.  
08/11/15: TAG CMT. @ 519'; CIRC. 10 SXS.CMT. @ 63'-3'; DIG OUT X CUT OFF WELLHEAD  
3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.  
WELL PLUGGED AND ABANDONED 08/11/15.

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

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

Electronic Submission #312399 verified by the BLM Well Information System  
For CIMAREX ENERGY CO OF COLORADO, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 08/18/2015 ()

Name (Printed/Typed) DAVID A EYLER

Title AGENT

Signature (Electronic Submission)

Date 08/12/2015

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 \*\***

DEC 03 2015

MJB/OCD 12/3/2015