Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR

OCD Hobbs

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

BUREAU OF LAND MANAGEMENT HORBS OCD

5. Lease Serial No. NMNM0175774

CONDIN	O 110 E O 7 111 E 1 1 E	OILIO OIL ILEEE
Do not use this	form for proposals	to drill or to re-enter an
abandoned well.	Use form 3160-3 (APD) for such proposals. 20

If Indian Allotte

abandoned well. Use form 3160-3 (APD) for such proposals. 2016					6. If Indian, Allottee or Tribe Name			
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.			
Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. PLAINS STRAWN 04-Y			
Name of Operator Contact: RHONDA SHELDON CIMAREX ENERGY COMPANY OF CO-Mail: rsheldon@cimarex.com					9. API Well No. 30-025-20518-00-S1			
3a. Address 3b. Phone No. (include			(include area code	e)	10. Field and Pool, or Exploratory			
202 S CHEYENNE AVE. SUITE 1000 Ph: 918-29 TULSA, OK 74103					LUSK			
4. Location of Well (Footage, Sec., T.			11. County or Parish, and State					
Sec 21 T19S R32E SWSW 710FSL 660FWL /					LEA COUNTY, NM			
12. CHECK APPR	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF	NOTICE, RI	EPORT, OR OTHER	R DAT	A	
TYPE OF SUBMISSION								
☐ Notice of Intent	☐ Acidize ☐ De		epen Product		ion (Start/Resume)	☐ Water Shut-Off		
	☐ Alter Casing	☐ Alter Casing ☐ Fracture Treat ☐ Reclamation		ation	■ Well Integrity			
☐ Subsequent Report	□ Casing Repair	□ New	Construction	☐ Recomp	olete	Other		
	☐ Change Plans		and Abandon	□ Tempor	arily Abandon	Final Abandonment No tice		
	☐ Convert to Injection	☐ Plug	Back	☐ Water I	Vater Disposal			
testing has been completed. Final Abdetermined that the site is ready for fit. This well was plugged & abandatate rules. Site is ready for Final Abandor 04/19/2016.	inal inspection.) doned 09/21/2004. Dry hear the propertion inspection	ole marker h	as be cut off be	low ground, p			perator has	
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #3 For CIMAREX ENE							
Committed to AFMSS for processing by PRISCILLA PEREZ on 04/19/2016 (16PP0552SE)								
Name (Printed/Typed) RHONDA SHELDON			Title REGU	LATORY IE	CHNICIAN			
Signature (Electronic S	submission)		Date 04/19/2	2016				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE			
Approved By	a. lemo-		Title Si	AGT		1	9.28-1L Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu	Office CFO							
Title 18 U.S.C. Section 1001 and Title 43					ake to any department or	agency o	f the United	

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

