Form 3160-5 (June 2015 OBBS OCD DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018	
FEB 01 SUNDRY NOTICES AND REPORTS ON WELSON Field Offices established in the second standard of the second standar						
abandoned we	is form for proposals to II.  Use form 3160-3 (AP	drill or to re D) for such	A A	rtesia	6. If Indian, Allottee o	r Tribe Name
RECEIVED IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well □ Oil Well □ Gas Well ☑ Other: UNKNOWN OTH					8. Well Name and No. CASCADE 29 FEDERAL 8H	
2. Name of Operator Contact: HOPE KNAULS CIMAREX ENERGY COMPANY / E-Mail: hknauls@cimarex.com					9. API Well No. <del>30-015-42374</del> 30025 42683	
3a. Address 202 S. CHEYENNE AVE TULSA, OK 74127	o. (include area code) 85-1100	(include area code) 10. Field and Pool or Exploratory Area				
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 29 T25S R33E 330FNL 5		LEA COUNTY, NM				
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
☑ Notice of Intent		Dee Dee	Deepen D		tion (Start/Resume)	□ Water Shut-Off
	□ Alter Casing	Hy	Iraulic Fracturing	Reclamation		U Well Integrity
Subsequent Report	Casing Repair	Nev	w Construction	Recomplete		Other Change to Original A
Final Abandonment Notice	<ul> <li>Change Plans</li> <li>Convert to Injection</li> </ul>	_	g and Abandon g Back	<ul> <li>Temporarily Abandon</li> <li>Water Disposal</li> </ul>		PD
testing has been completed. Final At determined that the site is ready for fi The permit for this well is due extension due to rig schedulin	inal inspection. to expire 7-1-2017. Cima		illy requests a pe	ermit	24 · MONTH PE	
14. I hereby certify that the foregoing is	true and correct.	259752 vorifie	d by the RI M We	Il Information	System	
Electronic Submission #358753 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 01/06/2017 ()						
Name (Printed/Typed) HOPE KNAULS			Title REGULATORY TECHNICIAN			
Signature (Electronic Submission)			Date 11/22/2016			
	THIS SPACE FO	OR FEDER/	AL OR STATE	OFFICE U	SE	
Approved By			Title TLOET Date 23/17			
certify that the applicant holds legal or equ which would entitle the applicant to condu	Office (FO					
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.						
(Instructions on page 2) ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **						