Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

Hobbs

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

. Lease Serial No. NMNM27570

| 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. | | | | | NMNM27570 If Indian, Allottee or Tribe Name | | |
|--|--|---------------------------------|------------------------------------|--|--|---------------------------|--|
| | | | | | 6. If Indian, Allottee of | or Tribe Name | |
| SUBMIT IN TRIPLICATE - Other instructions on reverse s | | | | | | greement, Name and/or No. | |
| Type of Well | | | | 8. Well Name and No. TOPACIO FEDERAL 28 COM 01 | | | |
| Name of Operator Contact: RHONDA SHEL CIMAREX ENERGY COMPANY OF CO-Mail: rsheldon@cimarex.com | | | | 9. API Well No. 30-025-34522-00-S1 | | | |
| 3a. Address | include area cod | a) | 10. Field and Pool, or Exploratory | | | | |
| 202 S CHEYENNE AVE. SUI TULSA, OK 74103 | Ph: 918-585 | | c) | GEM | | | |
| 4. Location of Well (Footage, Sec., T | | 11. County or Parish, and State | | and State | | | |
| Sec 28 T19S R33E SWNE 16 32.633922 N Lat, 103.666086 | | | LEA COUNTY, NM | | | | |
| 12. CHECK APPI | ROPRIATE BOX(ES) TO | INDICATE | NATURE OF | NOTICE, R | EPORT, OR OTHE | R DATA | |
| TYPE OF SUBMISSION | TYPE OF ACTION | | | | | | |
| ☐ Notice of Intent | ☐ Acidize | □ Deepen | | ☐ Product | ion (Start/Resume) | ☐ Water Shut-Off | |
| | ☐ Alter Casing | | ☐ Fracture Treat | | ation | ■ Well Integrity | |
| Subsequent Report. | ☐ Casing Repair | | ☐ New Construction | | olete | ☐ Other | |
| Final Abandonment Notice | ☐ Change Plans ☐ Convert to Injection | Plug | and Abandon | ☐ Tempor | arily Abandon | | |
| WELL WAS P&A 11/07/10. R | NEOLAWATION TIAO BEEN | | D. NEADTI | on mor Es | , | | |
| 14. I hereby certify that the foregoing is | s true and correct. Electronic Submission #3 For CIMAREX ENE nmitted to AFMSS for proces | RGY COMPA | NY OF CO, ser | nt to the Hobb | s | | |
| Name (Printed/Typed) RHONDA SHELDON | | | Title REGU | LATORY TE | CHNICIAN | | |
| Signature (Electronic | Submission) | | Date 10/06/ | 2016 | | | |
| | THIS SPACE FO | R FEDERA | OR STATE | OFFICE U | SE | | |
| Approved By | 1 Dues | , | Title | SAGT | | 3-71-17 Date | |
| Conditions of approval, if any, are attached certify that the applicant holds legal or equilibrium which would entitle the applicant to conditions. | | Office C | FO | | , | | |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent | | | | | ake to any department or | agency of the United | |

MUS/OCA 3/20/2017