Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Hobbs

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM0559539

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SUNDRY		NMNM0559539						
Do not use thi abandoned we	6. If Indian, Allottee or Tribe Name							
SUBMIT IN	7. If Unit or CA/Agreement, Name and/or No.							
Type of Well	8. Well Name and No. JAMES FEDERAL 20							
Name of Operator CIMAREX	9. API Well No. 30-025-41251							
3a. Address 202 S. CHEYENNE AVE SUIT TULSA, OK 74103	(include area code) 10. Field and Pool of SAND DUNES		10. Field and Pool or E SAND DUNES;E	Exploratory Area BONE SPRING				
4. Location of Well (Footage, Sec., T			11. County or Parish, State					
Sec 29 T23S R32E NENW 18		LEA COUNTY			NM .			
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICA	ΓE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA		
TYPE OF SUBMISSION	ACTION							
☐ Notice of Intent	☐ Acidize	☐ Deep	☐ Deepen		ion (Start/Resume)	■ Water Shut-Off		
	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclam	ation	□ Well Integrity		
Subsequent Report	☐ Casing Repair	□ New	Construction	Recomp	olete	☑ Other		
☐ Final Abandonment Notice	☐ Change Plans	Plug	and Abandon	☐ Tempor	arily Abandon	Venting and/or Flari		
	☐ Convert to Injection	☐ Plug	Back	□ Water Disposal				
Attach the Bond under which the wor following completion of the involved testing has been completed. Final At determined that the site is ready for f With this filing, Cimarex is rep mcf.	l operations. If the operation re bandonment Notices must be fil inal inspection.	sults in a multiple ed only after all i	e completion or reco requirements, includ	ompletion in a manual ing reclamation	new interval, a Form 3160 n, have been completed a	0-4 must be filed once nd the operator has		
HOBBS								
	* /				DEC (4 2017		
RECEIVED								
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14. I hereby certify that the foregoing is true and correct. Electronic Submission #395816 verified by the BLM Well Information System For CIMAREX, sent to the Hobbs								
Name (British J.T. and B. D. LONDA	Committed to AFMSS for	processing b				FRODDIX		
Name (Printed/Typed) RHONDA	SHELDON		Title REGUL	ATORYTE	CHNICIONFOR R	ELURUY \		
Signature (Electronic S	Submission)		Date 11/21/2	017	1			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SENDY FIT ZU	MILLY		
A supported Dr.			Title	RHB	ALLOE AND MANA	PATENDate		
Approved By Conditions of approval, if any, are attached. Approval of this notice does not			Title	20	CARLSBAD FIELD OF	141 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
certify that the applicant holds legal or equivilent would entitle the applicant to conduct to conduct the applicant the applica		Office /			X III			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any pe to any matter w	rson knowingly and ithin its jurisdiction.	willfully to m	ake to any department or	agency of the United		

(Instructions on page 2)

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