

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018 ✓**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 purposes.*  
**HOBBS OCD****SUBMIT IN TRIPLICATE - Other instructions on** **MAR 12 2019**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM26394
2. Name of Operator CIMAREX ENERGY COMPANY Contact: FATIMA VASQUEZ E-Mail: fvasquez@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 N. MARIENFELD SUITE 600 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-1933	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T25S R33E SWSW 330FSL 690FWL		8. Well Name and No. VACA DRAW 20-17 FEDERAL 7H
		9. API Well No. 30-025-44166-00-X1
		10. Field and Pool or Exploratory Area WOLFCAMP
		11. County or Parish, State LEA COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original APD
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Cimarex respectfully requests to change the well type from a gas well to an oil well.

Please see the attached plat.

Carlsbad Field Office  
OCD Hobbs

14. I hereby certify that the foregoing is true and correct. Electronic Submission #446638 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 12/07/2018 (19PP0552SE)	
Name (Printed/Typed) FATIMA VASQUEZ	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/05/2018

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <u>ZOTA STEVENS</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>02/26/2019</u>
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 Hobbs

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)

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**Certificate Number:**