Submit within 45 days of well of	completion	State of New Mexico				Revised November 6, 2013			
							1. WELL API NO. 30-025-43468		
		Energy, Minerals and Natural Resources Oil Conservation Division				2. Well Name:			
						CHIEF 30 STATE #007H			
						3. Well Number: 007H			
1220 S. St Francis Dr.						00			
Santa Fe, NM 87505									
		Odii	ta i c, i i i i o i c						
HYDRAULIC FRACTURING FLUID  4. Surface Hole Location: Unit: B Lot: B Section: 30 Township: 20S Range: 35E									
DISCLOSURE						Feet from:300 N/S Line:N			
⊠ Oviginal						Feet from:1980 5. Bottom Hole Location:		E/W Line:E	
⊠ Original						Unit:B Lot:B Section		ownship:20S Range:35E	
□ Amendment						Feet from:300		I/S Line:N	
						Feet from:1980 6. latitude:		:/W Line:E ongitude:	
						32.550553		-103.494461	
						7. County: Lea			
						LCa			
Operator Name and Address:     CIMAREX ENERGY CO.						215099	10. Pho	one Number:	
600 N MARIENFELD STREET									
SUITE 600									
MIDLAND 79701  11. Last Fracture Date: 3/29/2017 Frac Performed by: Halliburton 12. F						n Type:			
Th. Last ractile bate. 5/29/2017 Tract cholines by. Halliburton									
13. Pool Code(s):						ctured Interval: 531 ft to 11,747 ft			
5535 15. True Vertical Depth (TVD):						me of Fluid Pumped:			
11,747 ft						4,270,832 gals t of Re-Use Water in Fluid Pumped:			
						of Re-Use Water in Fluid Pumped: of Disclosed			
19. HYDRAULIC FLUID COMPOSITION AND CONCENTRATION:									
Trade Name	Supplier	Purpose	Ingredients	(CAS #) Chem	ical Abstract	Maximum Ingredient		Maximum Ingredient	
				Service #		Concentration in Additiv mass)	e (% by	Concentration in HF Fluid (% by mass)	
Fresh Water	Operator	Base Fluid	Water	7732-18-5			100%	83.51426%	
BC-140 X2 FDP-S1176-15	Halliburton Halliburton		Listed Below Listed Below	Listed Below			0% 0%	0%	
MC B-8614	Halliburton		Listed Below	Listed Below			0%	0%	
Sand	Halliburton		Listed Below	Listed Below		0%		0%	
FDP-S1225-15	Halliburton		Listed Below	Listed Below		0%		0%	
Resin Coated Sand OPTIFLO-III DELAYED	Halliburton Halliburton		Listed Below Listed Below	Listed Below			0% 0%	0%	
RELEASE BREAKER	Tallibuiton	Dieakei	Listed Below	Listed Below			0 /0	0 78	
OptiKleen-WF(TM)	Halliburton		Listed Below	Listed Below			0%	0%	
SP BREAKER WG-36 GELLING AGENT	Halliburton		Listed Below	Listed Below Listed Below			0% 0%	0%	
MSDS and Non-MSDS	Halliburton	Gelling Agent	Listed Below	Listed Below			0%	0%	
Ingredients are listed									
below	Listed Abov	Listed Above	2,7-	915-67-3			0.1%	1E-05%	
Ingredients	Listed Abo	ve Listed Above	Naphthalenedisulfonio				0.176	TE-03 /6	
			acid, 3-hydroxy-4-[(4-						
			sulfor-1-naphthalenyl)						
			azo] -, trisodium salt 9-Octadecenamide,	93-83-4			5%	0.00274%	
			n,n-bis-2(hydroxy-						
			ethyl)-,(Z)	12125 02 0			5%	0.00274%	
			Ammonium chloride Ammonium persulfate	12125-02-9 7727-54-0			100%	0.00274%	
			Castor oil, ethoxylated				5%	0.00274%	
			Crystalline silica,	14808-60-7			30%	0.00108%	
			quartz	Proprietary			30%	0.00108%	
			Cured acrylic resin Ethanol	64-17-5			1%	0.00108%	
			Ethylene glycol	107-21-1			30%	0.00365%	
			Glutaraldehyde	111-30-8			30%	0.0065%	
			Guar gum Hydrotreated light	9000-30-0 64742-47-8			100% 30%	0.04613% 0.01647%	
			petroleum distillate	37172-41-0		<u> </u>	JU /0	0.01047%	
			Methanol	67-56-1			0.14%	3E-05%	
			Monoethanolamine borate	26038-87-9			100%	0.01216%	
			Crystalline silica,	14808-60-7			100%	16.35575%	
			quartz	700100			0 10		
			Phosphoric acid Polyacrylate	7664-38-2 Proprietary			0.1% 30%	2E-05% 0.01647%	
			Quaternary	68424-85-1			5%	0.00108%	
			ammonium						
			compounds, benzyl- C12-16-alkyldimethyl						
			chlorides						
			Sobitan, mono-9-	1338-43-8			5%	0.00274%	
			octadececenoate, (Z) Sodium chloride	7647-14-5			5%	0.00274%	
	Sodium perborate 10486-0		10486-00-7		100%		0.00274%		
	tetrahydrate Sodium persulfate 7775-27-1								
	Sodium persuitate		7775-27-1 66455-14-9		100% 0.00064% 30% 0.00301%				
	ethoxylated								
			Alcohols, C12-16,	68551-12-2			5%	0.0005%	
20. I, as Operator, hereby certify	that the inforr	nation shown on this disclosure form	ethoxylated  is true and complete to the b	l best of my knowl	edge and belief	<u>l</u> f.		<u> </u>	
20. I, as Operator, hereby certify that the information shown on this disclosure form is true and complete to the best of my knowledge and belief.  Signature: Signed Electronically Printed Name: Skipper Herring Manager Stimulation									
Title: Operations									
Date: 6/1/2017									
E-mail Address: sherring@cimarex.com									
NMOCD does not require the reporting of information beyond MSDS data as described in 29 CFR 1910.1200. NMOCD does not require the reporting or disclosure of proprietary, trade secret or confidential business information.									