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Form 3160-5 (August 2007)	DEPARTMENT OF THE	UNITED STATES PEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT		OCD Artesia		FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010	
SUNDRY NOTICES AND REPORTS C					<ul> <li>5. Lease Serial No. NMNM19423</li> <li>6. If Indian, Allottee or Tribe Name</li> </ul>		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.							
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.		
I. Type of Well       ☑ Oil Well       □ Gas Well       □ Other					8. Well Name and No. WHITE CITY 14 FEDERAL 8		
2. Name of Operator Contact: CHLOE ALEXANDER CIMAREX ENERGY COMPANY OF C@-Mail: cdalexander@cimarex.com					9. API Well No. 30-015-36947-00-S1		
			No. (include area code) 520-1938		10. Field and Pool, or Exploratory COTTONWOOD DRAW		
4. Location of Well (Foota			11. County or Parish,	and State			
Sec 14 T25S R26E SWSW 2310FSL 990FWL 32.128924 N Lat, 104.268857 W Lon					EDDY COUNTY, NM		
12. CHEC	CK APPROPRIATE BOX(ES) T	O INDICATE	NATURE OF 1	NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSI	N	TYPE OF ACTION					
Notice of Intent	□ <sup>Acidize</sup>				tion (Start/Resume)	□ Water Shut-Off	
Subsequent Report	□ Alter Casing	-	ture Treat			U Well Integrity	
<b>—</b> .		_	□ New Construction		plete	⊠ Other ShutIn Notice	
Final Abandonment	Final Abandonment Notice Change Plans Convert to Injection				Disposal		
testing has been completed determined that the site is	e involved operations. If the operation of I. Final Abandonment Notices shall be f ready for final inspection.) n, this well will be shut-in for 90 c	iled only after all	requirements, inclu	ding reclamatio	on, have been completed	and the operator has <sup>*</sup>	
Albade 12/5/12 Arcanied for reformi NMOCE NMOCD ARTE				EN	IDING 2-2	MONTH PERIOD 4-13 Alwg Prod	
14. I hereby certify that the f	pregoing is true and correct. Electronic Submission For CIMAREX EN	#160095 verifie	d by the BLM We	Il Informatio	n System		
	Committed to AFMSS for pro	cessing by KU	RT SIMMONS on	11/14/2012 (*	I3KMS3859SE)		
Name (Printed/Typed) CHLOE ALEXANDER			Title REGULATORY ADMIN ASSITANT				
Signature (E	Electronic Submission)		Date 11/13/2				
	THIS SPACE F		L OR STATE	OFFICE U	SE		
Approved By ACCI		JAMES A AMOS TitleSUPERVISOR EPS Date 11/24/2					
Conditions of approval, if any, certify that the applicant holds which would entitle the applica	Office Carlsba	d					
Title 18 U.S.C. Section 1001 ar States any false, fictitious or f	nd Title 43 U.S.C. Section 1212, make it raudulent statements or representations	a crime for any p as to any matter w	erson knowingly an vithin its jurisdiction	d willfully to n	nake to any department of	or agency of the United	

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\*\* BLM REVISED \*\*