Form 3160-5 (September 2001)

## UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

SUNDRY NOTICES AND REPORTS ON WELLS

| OCD-ARTESIA |
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FORM APPROVED OMB NO 1004-0135

Jl

Expires January 31, 2004

| JL | 29 |  | 5 Lease Serial No. |
|----|----|--|--------------------|
|    |    |  | LC-028784-C        |

| Do not use this form for<br>abandoned well. Use For                                                    | 6. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBMIT IN TRIPLICATE -                                                                                 | 7. If Unit or CA/Agreement, Name and/or No                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Type of Well     Gas Well     Other  Name of Operator  CIMAREX ENERGY CO. OF COLORADO                  | 8 Well Name and No.  CRAYBURG DEEP UNIT #18                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3a. Address                                                                                            | 9. API Well No.                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5215 N. O'CONNOR BLVD., STE. 1500, J                                                                   | 30-015-34905  10 Field and Pool, or Exploratory Area                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey                                               | BEAR GRASS DRAW; ABO                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| UNIT LETTER A<br>690' FSL & 950' FEL<br>SECTION 24, T-17S, R-29E                                       | 11 County or Parish, State EDDY NM                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                        | BOX(ES) TO INDICATE NATURE OF NOTICE, F                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TYPE OF SUBMISSION                                                                                     | TYPE OF ACT                                                                                                                                                                                                                                                                                                                                       | ION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Notice of Intent  X Subsequent Report  Final Abandonment Notice                                        | Alter Casing Fracture Treat Reclar Casing Repair New Construction Reco                                                                                                                                                                                                                                                                            | water Shut-Off  water Shut-Off |
| If the proposal is to deepen directionally or recom<br>Attach the Bond under which the work will be pe | ly state all pertinent details, including estimated starting date of ar plete horizontally, give subsurface locations and measured and truerformed or provide the Bond No on file with BLM/BIA Requilif the operation results in a multiple completion or recompletion Notices shall be filed only after all requirements, including reclaration) | the vertical depths of all pertinent markers and zones<br>ired subsequent reports shall be filed within 30 days<br>in a new interval, a Form 3160-4 shall be filed once                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 5-1/2" CSG. TO 400# - 1<br>PAUL SWARTZ W/ THE BLM                                                      | E TAG EXISTING CIEP + CMT. @ 7,450'; CIRC N<br>HELD OK; MIX & FUMP A 25 SX. CMT. PLUG @ 7;<br>MIX & FUMP A 25 SX. CMT. PLUG @ 6,326'-6; WOC & TAG TOP OF CMT. PLUG @ 4,719'(OK'D<br>CSG. @ 2,830'.                                                                                                                                                | ,103'-6,903'(CALC.) PER<br>,126'(CALC.); MIX & PUMP A 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

CMT. SURFACE PLUG @ 63'-3'. 06/26/09: DIG OUT & CUT OFF WELLHEAD 3' B.G.L. & INSTALL DRY HOLE MARKER. Approved as to plugging of the well bore APPROVED Liability under bond is retained until Burface restoration is completed. WELL PLUCGED AND ABANDONED 06/26/09. <del>JUL 2-4-2009</del> I hereby certify that the foregoing is true and correct Name (Printed/Typed) Title DAVID A. EYLER ACENT JAMES A. AMOS Date 06/26/09 SUPERVISOR-EPS THIS SPACE FOR FEDERAL OR STATE OFFICE USE

06/25/09: MIX & PUMP A 75 SX. CMT. PLUG @ 1,040'; WOC & PRES. TEST PLUG TO 500# PER P. SWARTZ - HELD OK.

MIX & PUMP A 65 SX. CMT. PLUG @ 410'; WOC & TAG TOP OF CMT. PLUG @ 268'; MIX & PUMP A 25 SX.

06/24/09: MIX & FUMP A 100 SX. OMT. PLUG @ 2,910'; WOC & TAG TOP OF OMT. PLUG @ 2,604' (PRES. TEST

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

Approved by

9-5/8" CSG. TO 500# - HELD OK).

Date

Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section 1212, makes it a crime for any person knowingly and willfully to make to any department States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

