

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS *OCD Artesia*
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.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM01085
2. Name of Operator CIMAREX ENERGY COMPANY OF CO Contact: TERRI STATHEM E-Mail: tstatthem@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 NORTH MARIENFELD STREET SUITE 600 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-1936	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T19S R30E NENE Lot A 1300FNL 755FEL		8. Well Name and No. IRWIN 23-14 FEDERAL 3
		9. API Well No. 30-015-39893-00-X1
		10. Field and Pool, or Exploratory HACKBERRY
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 recomplete 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/BJA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall 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 Energy respectfully requests approval/variance to drill this well using a co-flex line between the BOP and choke manifold. Flex line documents/certification attached. The hose is not required by the manufacturer to be anchored.

Accepted for record
NMOCD
12/14/2012

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

RECEIVED
DEC 14 2012
NMOCD ARTESIA

14. I hereby certify that the foregoing is true and correct. Electronic Submission #163342 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY OF CO, sent to the Carlsbad Committed to AFMSS for processing by CHRISTOPHER WALLS on 12/13/2012 (13CRW0073SE)	
Name (Printed/Typed) TERRI STATHEM	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/13/2012

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By CHRISTOPHER WALLS	Title PETROLEUM ENGINEER	Date 12/13/2012
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 Carlsbad

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.



Midwest Hose
& Specialty, Inc.

To Whom it may concern:

Rig#101-M5358 S/N 59473

As of December 2011 we purchased new testing equipment per API requirements giving Midwest Hose the ability to not only provide Test Certifications as well as live Test charts/graph of the test as it is being performed. Now we provide both the test cert and test graph with each and every hose sold to Cactus Drilling.

Unfortunately prior to December 2011 we did not provide the test graph only a test cert. We can however retest/recertify each hose and provide the test graph if need be.

If I can be of any other assistance please feel free to call or email me.

Regards,
Mendi Jackson
Midwest Hose & Specialty
405-670-6718 office
405-521-7968 cell
405-619-4052 fax
mjackson@midwesthose.com

**MIDWEST
HOSE AND SPECIALTY INC.**

INTERNAL HYDROSTATIC TEST REPORT		
Customer: CACTUS		P.O. Number: ASSET#M5358 SO#59473
HOSE SPECIFICATIONS		
Type: CHOKE & KILL	Length: 35'	
I.D. 4" INCHES	O.D. 8" INCHES	
WORKING PRESSURE 10,000 PSI	TEST PRESSURE 15,000 PSI	BURST PRESSURE PSI
COUPLINGS		
Type of End Fitting E4.0X64WB		
Type of Coupling: 4 1/16 10K FLANGE		
PROCEDURE		
<i>Hose assembly pressure tested with water at ambient temperature.</i>		
TIME HELD AT TEST PRESSURE 1 MIN.	ACTUAL BURST PRESSURE: 0 PSI	
COMMENTS: S/N#59473 ASSET#M5358		
Date: 11/28/2011	Tested By: BOBBY FINK	Approved: MENDI JACKSON

Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).