

JAN 04 2016

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM36508

1a. Type of Well Oil Well Gas Well Dry Other **RECEIVED**
 b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr.
 Other _____

2. Name of Operator **CIMAREX ENERGY COMPANY** Contact: **TERRI STATHEM**
 E-Mail: **tstathem@cimarex.com**

3. Address **202 S. CHEYENNE AVE, STE 1000 TULSA, OK 74103** 3a. Phone No. (include area code)
Ph: 432-620-1936

4. Location of Well (Report location clearly and in accordance with Federal requirements)*
 At surface **NWNW 108FNL 660FWL.**
 At top prod interval reported below **NWNW 108FNL 660FWL**
 At total depth **SWSW 330FSL 667FWL**

6. If Indian, Allottee or Tribe Name _____
 7. Unit or CA Agreement Name and No. _____

8. Lease Name and Well No.
FEDERAL 13 COM 10H

9. API Well No. **30-015-42665**

10. Field and Pool, or Exploratory
BONE SPRING

11. Sec., T., R., M., or Block and Survey
 or Area **Sec 13 T25S R26E Mer**

12. County or Parish **EDDY** 13. State **NM**

14. Date Spudded **07/31/2015** 15. Date T.D. Reached **08/14/2015** 16. Date Completed **10/24/2015**
 D & A Ready to Prod.

17. Elevations (DF, KB, RT, GL)*
3278 GL

18. Total Depth: **MD 11814 TVD 7272** 19. Plug Back T.D.: **MD 11811 TVD** 20. Depth Bridge Plug Set: **MD TVD**

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)
NO LOGS

22. Was well cored? No Yes (Submit analysis)
 Was DST run? No Yes (Submit analysis)
 Directional Survey? No Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

| Hole Size | Size/Grade | Wt. (#/ft.) | Top (MD) | Bottom (MD) | Stage Cementer Depth | No. of Sk. & Type of Cement | Slurry Vol. (BBL) | Cement Top* | Amount Pulled |
|-----------|------------|-------------|----------|-------------|----------------------|-----------------------------|-------------------|-------------|---------------|
| 17.500 | 13.375 J55 | 48.0 | 0 | 412 | | 518 | | 0 | |
| 12.250 | 9.625 J55 | 36.0 | 0 | 1885 | | 740 | | 0 | |
| 8.500 | 5.500 L80 | 17.0 | 0 | 11814 | | 2020 | | 0 | |

24. Tubing Record

| Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) | Size | Depth Set (MD) | Packer Depth (MD) |
|-------|----------------|-------------------|------|----------------|-------------------|------|----------------|-------------------|
| 2.375 | 6724 | 6724 | | | | | | |

25. Producing Intervals

| Formation | Top | Bottom | Perforated Interval | Size | No. Holes | Perf. Status |
|-----------------------|-------------|--------------|----------------------|--------------|------------|--------------|
| A) BONE SPRING | 7430 | 11786 | 7430 TO 11786 | 0.540 | 360 | OPEN |
| B) | | | | | | |
| C) | | | | | | |
| D) | | | | | | |

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

| Depth Interval | Amount and Type of Material |
|----------------------|--|
| 7430 TO 11786 | 79372 BBLs TOTAL FLUID; 5016237# SAND |

28. Production - Interval A*

| Date First Produced | Test Date | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity | Production Method |
|---------------------|----------------------|--------------|-----------------|--------------|---------------|---------------|-----------------------|-------------|-------------------|
| 10/28/2015 | 11/10/2015 | 24 | → | 571.0 | 1502.0 | 1407.0 | 44.9 | | GAS LIFT |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. Rate | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status | |
| 24 | 510 | 525.0 | → | 571 | 1502 | 1407 | 2630 | POV | |

28a. Production - Interval B

| Date First Produced | Test Date | Hours Tested | Test Production | Oil BBL | Gas MCF | Water BBL | Oil Gravity Corr. API | Gas Gravity |
|---------------------|----------------------|--------------|-----------------|---------|---------|-----------|-----------------------|-------------|
| | | | → | | | | | |
| Choke Size | Tbg. Press. Flwg. SI | Csg. Press. | 24 Hr. Rate | Oil BBL | Gas MCF | Water BBL | Gas:Oil Ratio | Well Status |
| | | | → | | | | | |

ACCEPTED FOR RECORD
DEC 30 2015
 BUREAU OF LAND MANAGEMENT
 CARLSBAD FIELD OFFICE

(See Instructions and spaces for additional data on reverse side)
 ELECTRONIC SUBMISSION #324079 VERIFIED BY THE BLM WELL INFORMATION SYSTEM
**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****
Reclamation
Date: 5/10/16

AB

