

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**
*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. NMNM26105
2. Name of Operator CIMAREX ENERGY COMPANY OF CO Contact: AMITHY E CRAWFORD Email: acrawford@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 202 S CHEYENNE AVE SUITE 1000 TULSA, OK 74103.4346	3b. Phone No. (include area code) Ph: 432-620-1909	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 13 T25S R26E NWNE 0330FNL 1980FEL 32.081071 N Lat, 104.143967 W Lon		8. Well Name and No. FEDERAL 13 COM 8H
		9. API Well No. 30-015-42777-00-X1
		10. Field and Pool, or Exploratory WILDCAT
		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 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 checked="" 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 Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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/BIA. 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.)

12/13/2015 Test & chart for 30 minutes to 8,500 psi. Test good.
12/17/2015 Tag PBTD @ 11632'. Test 5 1/2" casing to 6,850 psi. Test good.
12/17-19/2015 Perf Bone Spring from 7300'-11607', 450 Holes, .46. Frac with 4029319 gal total fluid, & 6461331# sand
5/27-28/2016 Mill out plugs and CO to PBTD
5/31/2016 Shut in well pending Tubing installation
6/2/2016 RIH with 2 3/8" tbg and packer and set @ 6817'. GLVs @ 1505', 2639', 3257', 3747', 4235', 4754', 5240', 5759', 6249', 6741'. Turn well over to production.

Accepted for record - NMOCD

NM OIL CONSERVATION
ARTESIA DISTRICT
JUN 28 2016
RECEIVED

14. I hereby certify that the foregoing is true and correct. Electronic Submission #342114 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY OF CO, sent to the Carlsbad Committed to AFMSS for processing by JENNIFER SANCHEZ on 06/16/2016 (16JAS1607SE)	
Name (Printed/Typed) AMITHY E CRAWFORD	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 06/15/2016
THIS SPACE FOR FEDERAL OR STATE OFFICE USE JUN 16 2016	
Approved By _____	Title _____
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 _____
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.	

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****FJ
6/22/16