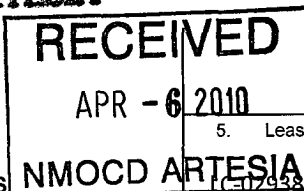


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA



FORM APPROVED  
OMB No 1004-0135  
Expires July 31, 1996

**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. LC-179387-A
2. Name of Operator Cimarex Energy Co. of Colorado		6. If Indian, Allottee or Tribe Name
3a. Address 600 N. Marienfeld St., Ste. 600; Midland, TX 79707	3b. Phone No. (include area code) 432-571-7800	7. If Unit or CA/Agreement, Name and/or No Shugart A No. 2
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330 FSL & 2310 FWL 29-18S-31E		8. Well Name and No. Shugart A No. 2
		9. API Well No. 30-015-05635
		10. Field and Pool, or Exploratory Area Shugart; Yates-7R-Q-Gbg
		11. County or Parish, 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 checked="" 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 type="checkbox"/> Other _____
	<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, included estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomple 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 recomple 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.)

12.10.09 POOH w rod pump. NDWH & NUBOP. POOW w tbg.  
12.11.09 Replaced tubing. Reinstalled rod pump (2 3/4" x 1 1/4" x 12' RHBC).  
01.05.10 Returned to production.  
01.11.10 New well test: oil 3 bbl, water 84 bbl.

Tbg: 2 3/4" J-55 tbg, API SN @ 3622' and EOT @ 3658'

14 I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Zeno Farris

Signature

*Zeno Farris*

Title

Manager Operations Administration

Date

March 5, 2010

ACCEPTED FOR RECORD

Approved by

Title

Date

APR 4 2010

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, makes 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.

(Instructions on reverse)

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

22 9810