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

OCD Artesia

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

| Expires: July 31, 20 |
|----------------------|
| Lease Serial No.     |
| NMLC063622           |

|   | SUNDR   | Y NOTIC   | ES AND   | REPOR      | TS ON V     | WELLS       |
|---|---------|-----------|----------|------------|-------------|-------------|
| 0 | not use | this form | for prop | osals to d | irill or to | re-enter an |

abandoned well. Use form 3160-3 (APD) for such proposals.

| 7  | If Indian, Allottee or Tribe Name |  |
|----|-----------------------------------|--|
| ٠. | ii iiidiaii, i iiidaa di amaa a   |  |
|    |                                   |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PLICATE - Other instruc                | tions on rev                                     | erse side.                                | Ì                | _                                 | ment, Name and/or No.     |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------|-------------------------------------------|------------------|-----------------------------------|---------------------------|--|--|--|--|
| 1. Type of Well  ✓ Soil Well ☐ Gas Well ☐ Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                        | 8. Well Name and No. PENNY PINCHER FEDERAL COM 3 |                                           |                  |                                   |                           |  |  |  |  |
| 2. Name of Operator Contact: NATALIE E KRUEGER CIMAREX ENERGY CO OF COLORA (Mail: nkrueger (marex.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                        |                                                  |                                           |                  | 9. API Well No.<br>30-015-38296-0 | 0-X1 -                    |  |  |  |  |
| 3a. Address<br>600 E MARIENFELD STREET<br>MIDLAND, TX 79701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (include area code)<br>0-1936<br>-1940 | )                                                | 10. Field and Pool, or Exploratory LUSK   |                  |                                   |                           |  |  |  |  |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ., R., M., or Survey Description       | 1)                                               |                                           |                  | 11. County or Parish,             | and State                 |  |  |  |  |
| Sec 21 T19S R31E NWNE Lo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                        |                                                  | EDDY COUNTY                               | , NM             |                                   |                           |  |  |  |  |
| 12. CHECK APPR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ROPRIATE BOX(ES) TO                    | ) INDICATE                                       | NATURE OF 1                               | NOTICE, RE       | PORT, OR OTHE                     | R DATA                    |  |  |  |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                        |                                                  | TYPE O                                    | F ACTION         |                                   |                           |  |  |  |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Acidize                                | □ Deep                                           | en                                        | □ Producti       | on (Start/Resume)                 | ☐ Water Shut-Off          |  |  |  |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Alter Casing                         | □ Frac                                           | cture Treat Reclama                       |                  | tion                              | ☐ Well Integrity          |  |  |  |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Casing Repair                        | □ New                                            | Construction                              | Recomplete       |                                   | Other Drilling Operations |  |  |  |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Change Plans                         | □ Plug                                           | and Abandon                               | ☐ Tempora        | arily Abandon                     | Drilling Operations       |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Convert to Injection                   | □ Plug                                           | Back                                      | □ Water D        | isposal                           | •                         |  |  |  |  |
| 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 operation determined that the site is ready for final inspection.)  PEAK Completion Liner: TOL @ 7322, port @ 8122, pkr @ 8264, port @ 8406, pkr @ 8552, port @ 8692, pkr @ 8883, port @ 8979, pkr @ 9125, port @ 9267, pkr @ 9411, port @ 9553, pkr @ 9653, port @ 9795, pkr @ 9941, port @ 10082, pkr @ 10225, port @ 10412, pkr @ 10558, port @ 10699, pkr @ 10890, port @ 11032, pkr @ 11320, pkr @ 11320, pkr @ 11420, port @ 11572, pkr @ 11720, port @ 11917, pkr @ 12063, anchor @ 12167, POP @ 12260.  02-14-11 Frac'd stages 1-13 (these intervals left closed: 8264-8552 and 7313-8264). Total fluid: 1,100,384 gal 20# XL Borate. Total prop: 983,804# 20/40 SB Excel. 03-01-11 Drilled through ports. 03-02-11 Ran Wood Group sub pump and adjusted tubing length. Final tubing: 2.875 inch 6.5# L80 @ ACCEPTED FOR RECORD A |                                        |                                                  |                                           |                  |                                   |                           |  |  |  |  |
| Соп                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                        | System MAY<br>ad<br>1KMS1489SE)                  | LAND MANAGEMENT<br>AND FIELD OFFICE       |                  |                                   |                           |  |  |  |  |
| Name (Printed/Typed) NATALIE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                        | Title REGUL                                      | _ATORY                                    | BUREAU OF        | AD FIFLD OFFICE                   |                           |  |  |  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                        |                                                  | Date 04/26/2                              |                  |                                   |                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FO                          | OR FEDERA                                        | L OR STATE                                | OFFICE US        | SE                                |                           |  |  |  |  |
| Approved By ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ED                                     |                                                  | (BLM App<br>Title                         | rover Not Sp     | ecified)                          | Date 05/05/2011           |  |  |  |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conditions.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | uitable title to those rights in th    | s not warrant or<br>e subject lease              | Office Carlsba                            | d                |                                   |                           |  |  |  |  |
| Title 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | U.S.C. Section 1212, make it a         | a crime for any post to any matter w             | erson knowingly an ithin its jurisdiction | d willfully to m | ake to any department o           | r agency of the United    |  |  |  |  |

## Additional data for EC transaction #107099 that would not fit on the form

32. Additional remarks, continued

04-07-11 First oil production. 04-14-11 First gas production.

WBD attached.



## **Cimarex Energy Company**

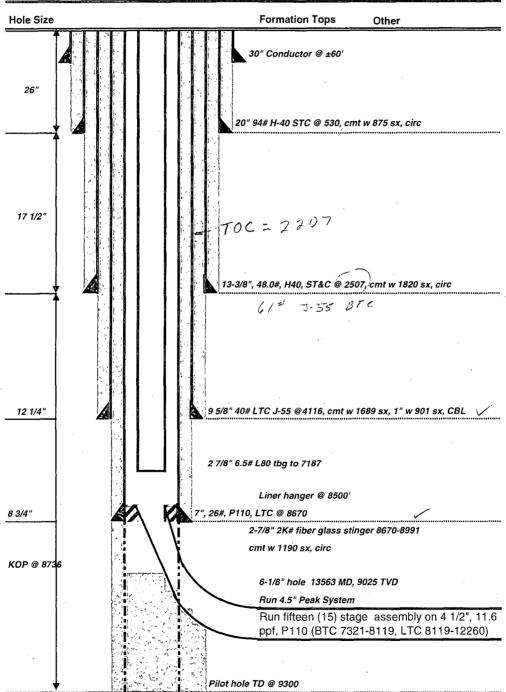
Well:

Penny Pincher Fed Com #3

Location: County, State sec 21, 19S-31E Eddy County, NM

Surface Location:

330 FNL, 2310 FEL



First 2 stages of lateral assembly closed (8264-8552 and 7313-8264).

PEAK Liner Assembly: TOL @ 7322, port @ 8122, pkr @ 8264, port @ 8406, pkr @ 8552, port @ 8692, pkr @ 8883, port @ 8979, pkr @ 9125, port @ 9267, pkr @ 9411, port @ 9553, pkr @ 9653, port @ 9795, pkr @ 9941, port @ 10082, pkr @ 10225, port @ 10412, pkr @ 10558, port @ 10699, pkr @ 10890, port @ 11032, pkr @ 11132, port @ 11320, pkr @ 11420, port @ 11572, pkr @ 11720, port @ 11917, pkr @ 12063, anchor @ 12167, POP @ 12260.