

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD - Artesia

FORM 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.**

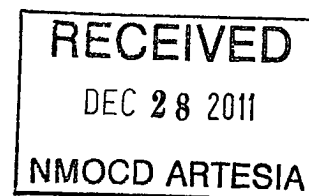
1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMNM91308
2. Name of Operator CIMAREX ENERGY COMPANY OF CO		6. If Indian, Allottee or Tribe Name
Contact CAROLYN LARSON E-Mail: clarson@cimarex.com		7. If Unit or CA/Agreement, Name and/or No. NMNM106827
3a. Address 600 NORTH MARIENFELD STREET SUITE 600 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-1946 Fx: 432-620-1940	8. Well Name and No. MAGNUM FEDERAL 5 COM 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 5 T18S R31E SWNE 1650FNL 1650FEL		9. API Well No. 30-015-31312-00-S1
		10. Field and Pool, or Exploratory TURKEY TRACK
		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
	<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 recompleat 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 recompleat 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.)

11.10.11 Blew well down. MIRU WSU. NU BOP.
11.11.11 Pull out of hole with 371 jts. of 2 3/8" N-80 tubing.
11.15.11 RIH w/4 3/4" bit, 6 3-1/2" drill collars, X-over sub on 2 3/8" tbg.
Drill out cement and CIBP @ 11,622'. Pushed plug down to TOC on CIBP @ 11,735'.
DO second CIBP and pushed plug to 11,887'. Circulated hole clean. POH w/75 stands tbg.
11.17.11 PU and RIH w/straddle packer assembly and gas lift valves on 2 3/8" tubing. Bottom packer at 11,743' and top packer above 11,670'. Bottom tagged @ 11,868'. Perforated Lower Morrow at 11,818'-11,828' with 3 spf, 120 degree phasing, .25 dia holes, total of 31 holes. Perforated 11,807'-11,813' with 19 holes.
11.18.11 Acidized perms w/1700 gals NEFE.
11.19.11 Well SI waiting for buy-back meter for gas lift. Will report a test under separate sundry after well clean-up.



Accepted for record
NMOC D

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #126349 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY OF CO, sent to the Carlsbad Committed to AFMSS for processing by JAMES (JIM) HUGHES on 12/20/2011 (12JLH0221SE)	
Name (Printed/Typed) CAROLYN LARSON	Title CONTRACT REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/20/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JAMES A AMOS Title SUPERVISOR EPS	Date 12/23/2011
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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****