

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM14124
2. Name of Operator CIMAREX ENERGY COMPANY		6. If Indian, Allottee or Tribe Name
Contact: CRISTEN BURDELL E-Mail: cburdell@cimarex.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 202 S. CHEYENNE AVE STE 1000 TULSA, OK 74103	3b. Phone No. (include area code) Ph: 918-560-7038	8. Well Name and No. MARQUARDT FEDERAL 18H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T25S R26E SWSW 336FSL 544FWL 32.081743 N Lat, 104.151186 W Lon		9. API Well No. 30-015-42418
		10. Field and Pool, or Exploratory WILDCAT
		11. County or Parish, and State EDDY COUNTY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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.)

03-07-15 Spud well.  
03-09-15 TD 17-1/2 hole @ 431. RIH w/ 13-3/8, 48#, J55 STC csg & set @ 431. Mix and pump: 500 sx Class C; 14.8 ppg, 1.36 yld. Circ 171 sx to surface. WOC 18 hrs.  
03-11-15 Test csg to 1500 psi for 30 mins. OK.  
03-12-15 TD 12-1/4 hole @ 1915.  
03-13-15 RIH w/ 9-5/8, 36#, J55, LTC csg & set @ 1915. Mix & pump Lead: 540 sx Class C, 12.9 ppg, 1.89 yld; tail w/ 135 sx Class C, 14.8 ppg, 1.36 yld. Circ 208 sx to surface. WOC 8 hrs.  
03-14-15 Test csg to 1500 psi for 30 mins. OK.  
03-23-15 TD 8-3/4 hole @ 11578.  
03-24-15 to  
03-25-15 RIH w/ 5-1/2, 17#, L-80, LTC, BTC csg & set @ 11578. Mix & pump Lead: 900 sx Class H, 10.8 ppg, 2.76 yld; tail w/ 1320 sx Class H, 14.5 ppg, 1.24 yld. Cmt did not circ. A. Hernandez

Accepted for record  
8/12/15  
NM OCS  
**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
AUG 10 2015  
RECEIVED

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #297305 verified by the BLM Well Information System  
For CIMAREX ENERGY COMPANY, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH HAM on 06/16/2015

Name (Printed/Typed) CRISTEN BURDELL

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 04/06/2015

**ACCEPTED FOR RECORD**  
AUG 3 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**Additional data for EC transaction #297305 that would not fit on the form**

**32. Additional remarks, continued**

BLM contacted ? proceed with ND BOP. WOC.  
03-27-15 Release Rig.