

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.*5. Lease Serial No.:
NMNM0560353

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
CRESCENT HALE 10 FEDERAL 19. API Well No.
30-015-39824-00-S110. Field and Pool, or Exploratory
BENSON11. County or Parish, and State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Contact: HOPE KNAULS
CIMAREX ENERGY COMPANY OF CO-Mail: hknauls@cimarex.com

3a. Address

202 S CHEYENNE AVE SUITE 1000
TULSA, OK 74103.4346

3b. Phone No. (include area code)

Ph: 918.585.1100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 11 T19S R30E NWNW 1075FNL 1890FWL
32.679161 N Lat, 103.945089 W Lon**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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<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.)

Cimarex Energy respectfully requests approval to flare the Crescent Hale 10 Fed Flare meter for period not to exceed 90 days. Cimarex has recently completed the well but high line pressure and compressor installation requires a low volume gas flare.

Cimarex proposes to flare a limited amount of gas from the well beginning April 2, 2015 to June 1, 2015. The information below indicates the anticipated flare volumes:

April 2015-5441 MCF
May 2015-5000 MCF
June 2015- 5000 MCF

SEE ATTACHED FOR
CONDITIONS OF APPROVAL
NM OIL CONSERVATION

Accepted for record
NMOCD

10/14/2015

ARTESIA DISTRICT
OCT 14 2015

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

Electronic Submission #301249 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 10/01/2015 11:50:AS000556

Name (Printed/Typed) HOPE KNAULS

Title REGULATORY TECHNICIAN

Signature (Electronic Submission)

Date 05/11/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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 ****

Additional data for EC transaction #301249 that would not fit on the form

32. Additional remarks, continued

A subsequent report of actual flare volumes will be sent after June 1, 2015. All volumes will be reported on the OGOR reports. Cimarex will comply with NTL-4A requirements.

Wells associated with this flare meter:

CRESCENT HALE 10 FED 1H API 30-015-39824
CRESCENT HALE 10 FED 2H API 30-015-39825
CRESCENT HALE 10 FED 3H API 30-015-40784

Flaring Conditions of Approval

1. Report all volumes on OGOR B as disposition code 08.
2. Comply with NTL-4A requirements
3. Subject to like approval from NMOCD
4. Flared volumes will still require payment of royalties
5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
6. This approval does not authorize any additional surface disturbance.
7. Submit updated facility diagram as per Onshore Order #3.
8. Approval not to exceed 90 days from date requested on sundry.
9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
10. If flaring is still required past 90 days submit new request for approval.
11. If a portable unit is used to flare gas it must be monitored at all times.
12. Comply with any restrictions or regulations when on State or Fee surface.

JAM 100215