

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMNM117116
2. Name of Operator CIMAREX ENERGY COMPANY OF CO Contact: ARICKA EASTERLING E-Mail: aeasterling@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 202 S CHEYENNE AVE SUITE 1000 TULSA, OK 74103.4346	3b. Phone No. (include area code) Ph: 918-560-7060	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T26S R27E NENW 0210FNL 1390FWL 32.011162 N Lat, 104.125809 W Lon		8. Well Name and No. MEDWICK 29 FEDERAL COM 4H
		9. API Well No. 30-015-42178-00-X1
		10. Field and Pool, or Exploratory WILDCAT
		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 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	Change to Original APD
	<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.)

NM OIL CONSERVATION

ARTESIA DISTRICT

JAN 25 2016

RECEIVED

Cimarex respectfully request approval to change the original drilling plan for the above referenced well. Cimarex proposes to change the SHL/ BHL there by changing the directional plan. Cimarex also proposes to move the well closer to other wells on the pad. No additional disturbance is required for the well pad. This well was approved as a Wolfcamp, however Cimarex is proposing to drill it as a Bone Spring Oil Well.

Approved:
SHL 210 FSL & 1390 FWL Sec. 29-26S-27E
BHL 660 FNL & 1940 FWL Sec. 32-26S-27E
Proposed:
SHL 290 FNL & 1360 FWL Sec. 29-26S-27E
BHL 330 FSL & 1700 FWL Sec. 32-26S-27E

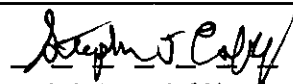
LPD 1/26/16
need Plats & Surveys

Same COA

Engineering Okay. C.NIMMER 1/11/2016 Surface good 1-20-16 JR

14. I hereby certify that the foregoing is true and correct. Electronic Submission #321921 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 11/13/2015 (16JAS1138SE)	
Name (Printed/Typed) ARICKA EASTERLING	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 10/29/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By 	Title FOR FIELD MANAGER	Date 1/20/16
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 FIELD 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 ****