CD-ARTES	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010
	5. Lease Serial No. NMNM104664

	UNITED STATES DEPARTMENT OF THE INTERIOR				FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010	
DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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. NMNM104664	
					6. If Indian, Allottce or Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Oil Well ☑ Gas Well ☐ Other					8. Well Name and No. SCARLET 34 FEDERAL 1	
Name of Operator Contact: RHONDA SHELDON CIMAREX ENERGY COMPANY OF COMPA					9. API Well No. 30-015-37817-00-C1	
3a. Address 202 S CHEYENNE AVE SUI TULSA, OK 74103.4346	(include area code 5-1709	:)	10. Field and Pool, or Exploratory COTTONWOOD SPRING UNKNOWN			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 34 T25S R25E NENE Lot A 660FNL 660FEL					EDDY COUNTY, NM	
12. CHECK APP	ROPRIATE BOX(ES) TO	DINDICATE	NATURE OF	NOTICE, RI	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION						
□ Notice of Intent	☐ Acidize	☐ Acidize ☐ Deepen ☐ Produc		☐ Product	ion (Start/Resume)	■ Water Shut-Off
	☐ Alter Casing	☐ Fract	ture Treat	Reclam	ation	■ Well Integrity
Subsequent Report	☐ Casing Repair	☐ New	Construction	☐ Recomp	lete	⊠ Other
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon	Tempor	arily Abandon	Site Facility Diagra m/Security Plan
	☐ Convert to Injection	Plug	Back	□ Water D	Disposal	·
13. Describe Proposed or Completed Op If the proposal is to deepen direction Attach the Bond under which the we following completion of the involve testing has been completed. Final A determined that the site is ready for	nally or recomplete horizontally, ork will be performed or provided operations. If the operation rebandonment Notices shall be fil final inspection.)	give subsurface lethe Bond No. on sults in a multiple ed only after all re	ocations and meas file with BLM/BL completion or rec	ured and true ve A. Required sub completion in a r	rtical depths of all pertin osequent reports shall be new interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once
PLEASE SEE THE ATTACH	MENT FOR THE FACILIT	Y DIAGRAM.				
	ARTE	ONSERVA SIA DISTRICT 1 4 2016	MON A		r Record Purpos abject to Onsite	
	RE	CEIVED				
14. I hereby certify that the foregoing Co	is true and correct. Electronic Submission # For CIMAREX ENE mmitted to AFMSS for proc	ERGY COMPAN	IY OF CO, sent	to the Carlsb	ad	
	SHELDON			LATORY TE	•	
Signature (Electronic	Submission)		Date 02/12/	2016		

THIS SPACE FOR FEDERAL OR STATE OFFICE USE Title Date Approved By 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.

