

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010ENTERED
IN AFMSS**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.**

5. Lease Serial No.
NMNM120350

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
HORNSBY 35 FEDERAL COM 2H

9. API Well No.
30-015-42165

10. Field and Pool, or Exploratory
WILDCAT

11. County or Parish, and State
EDDY COUNTY, NM

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
CIMAREX

Contact: RHONDA SHELDON
E-Mail: rsheldon@cimarex.com

3a. Address
202 SOUTH CHEYENNE, SUITE 1000
TULSA, OK 74103

3b. Phone No. (include area code)
Ph: 918-295-1709

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 35 T26S R27E 210FSL 1270FWL

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.)

PLEASE SEE THE ATTACHMENT FOR THE GAS ANALYSIS. NOTE: NO H2S.

NM OIL CONSERVATION
ARTESIA DISTRICT

MAR 29 2016

RECEIVED

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #330710 verified by the BLM Well Information System
For CIMAREX, sent to the Carlsbad**

Name (Printed/Typed) RHONDA SHELDON Title REGULATORY TECHNICIAN

Signature (Electronic Submission) Date 02/04/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **/S/ DAVID R. GLASS** Title _____ Date _____

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 ****

Accepted for record - NMOCD

Natural Gas Analysis Report

AKM Measurement Services

Sample Information

Sample Information	
Sample Name	Hornsby 35-2 (NCWP9775192)
Injection Date	2015-06-19 18:56:13

Component Results

Component Name	Norm%	GPM (Dry) (Gal. / 1000 cu.ft.)
Nitrogen	0.6760	0.000
Methane	81.8690	0.000
CO2	0.1259	0.000
Ethane	10.7338	2.880
H2S	0.0000	0.000
Propane	4.0295	1.114
iso-Butane	0.2679	0.088
n-Butane	0.2547	0.081
iso-Pentane	0.6012	0.221
n-Pentane	1.0756	0.391
Hexanes Plus	0.3664	0.159
Water	0.0000	0.000
Total:	100.0000	4.933

Results Summary

Result	Dry	Sat.
Pressure Base (psia)	14.730	
Flowing Temperature (Deg. F)	80.0	
Flowing Pressure (psia)	133.0	
Gross Heating Value (BTU / Real cu.ft.)	1228.1	1207.2
Relative Density (G), Real	0.7008	0.6997
Total GPM	4.933	4.948
Total Molecular Weight	20.238	20.199