

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNMOCD
ArtesiaFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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 page 2**5. Lease Serial No.
NMLC060850
6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
SAN JACINTO 4 FEDERAL COM 4H9. API Well No.
30-005-2920910. Field and Pool or Exploratory Area
HACKBERRY11. County or Parish, State
CHAVES COUNTY, NM1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
CIMAREX ENERGY CO
Contact: AMITHY CRAWFORD
E-Mail: acrawford@cimarex.com3a. Address
202 S. CHEYENNE AVE STE 1000
TULSA, OK 741033b. Phone No. (include area code)
Ph: 432.620.1909

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

Sec 4 T15S R31E 330FSL 330FWL

12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 checked="" 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 recomple 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must 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 Co respectfully requests approval for water disposal:

Name of Formation: Abo-Wolfcamp
BWPD: 20 BWPD
Water Stored: 1- 500 bbl tank
Water is Trucked
Disposal Facility Information:
Gulf Deep Well #1
30-005-01210
660' FNL & 1980' FWL
Crain Hot Oil Service, INC

JC 2-8-17
Accepted for record - NMOCDNM OIL CONSERVATION
ARTESIA DISTRICT

FEB 08 2018

RECEIVED

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #402940 verified by the BLM Well Information System
For CIMAREX ENERGY CO, sent to the Roswell
Committed to AFMSS for processing by JENNIFER SANCHEZ on 02/05/2018 ()

Name (Printed/Typed) AMITHY CRAWFORD

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 02/01/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

(Instructions on page 2)

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

Additional data for EC transaction #402940 that would not fit on the form

32. Additional remarks, continued

SWD-1158-C