CUNDDV	FORM APPROVED OMB NO. 1004-0137 									
Do not use thi abandoned we	s form for proposals to I. Use form 3160-3 (APL	drill or to re- D) for such pr	enter and CL	9 <u>Art</u> e	6. If Indian, Allottee o	r Tribe Name				
	TRIPLICATE - Other inst				7. If Unit or CA/Agree	ement, Name and/or No.				
1. Type of Well	8. Well Name and No. CHOSA DRAW 27 FEDERAL COM 1									
<ul> <li>Oil Well S Gas Well Oth</li> <li>Name of Operator CIMAREX ENERGY CO.</li> </ul>	9. AN Well No. 310-0115 329118									
3a. Address 202 S. CHEYENNE AVE. SUI TULSA, OK 74103	Cimarex.com 3b. Phone No. Ph: 432-620	(include area code) )-1909		10. Field and Pool or Exploratory Area SAGE DRAW WOLFCAMP						
4. Location of Well (Footage, Sec., 7	, R., M., or Survey Description	)			11. County or Parish, State					
Sec 27 T25S R26E 330FNL 1980FEL				EDDY COUNTY, NM						
12. CHECK THE AI	PROPRIATE BOX(ES)	TO INDICAT	E NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA				
TYPE OF SUBMISSION			TYPE OF	ACTION						
□ Notice of Intent	C Acidize	🗖 Deep	en	Product	ion (Start/Resume)	UWater Shut-Off				
-	Alter Casing	🗖 Hydr	aulic Fracturing	🗖 Reclama	ation	Well Integrity				
Subsequent Report	Casing Repair	-	Construction	🗖 Recomp		🛛 Other Venting and/or Flari				
Final Abandonment Notice	Change Plans Convert to Injection	Plug	and Abandon	Tempor Water D	arily Abandon	ng				
Attach the Bond under which the wo following completion of the involved testing has been completed. Final At determined that the site is ready for f Actual gas flared at the Chosa January 2018: 31 February 2018: 0 March 2018: 0	operations. If the operation respondent Notices must be file and inspection.	sults in a multiple ed only after all n n January to N	completion or reco equirements, includ March.	ing reclamation	new interval, a Form 316	0-4 must be filed once				
				DISTR	ICT IL-ARTESIA O.	C.D.				
14. I hereby certify that the foregoing is	Electronic Submission # For CIMARI Committed to AFMSS for p	EX ENERGY 🕻	D., sent to the Ca DEBORAH MCKI	arisbad NNEY on 05/	/29/2018 ()					
Name (Printed/Typed) AMITHY	E CRAWFORD		Title REGUL	ATORY AN	ALYST					
Signature (Electronic S	Submission)		Date 05/24/20	018	<u></u>	<u></u>				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved_By			Title ACCE	PTED F	OR RECORD	Date				
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent which would entitle the applicant to condu	itable title to those rights in the		Office	MAY 3	1s/ Jona 0 2013	thon Shepard				
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212, make it a	crime for any per	son knowingly and	willfully to ma	ake to any department or	agency of the United				

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1	(Inst	nicti	ons	on	nage	: 2)

(Instructions on page 2) \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*