## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## OCD-ARTIGIA

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.

|           |     | An              |                     |          |
|-----------|-----|-----------------|---------------------|----------|
|           | 5   | Lease Serial    | No.                 | ·· -     |
|           | LC- | 060524          | RECI                | 11.00    |
|           | 6.  | If Indian, Allo | ttee or Tribe Name  | EIVEDT   |
|           |     | -               | MADA                |          |
|           | 7.  | If Unit or CA/  | Agreement, Name and | ®∘201n l |
| l a lende |     |                 | NMOCD A             | RTESIA   |
|           | _   |                 |                     |          |

|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                 |                            | 7. If Unit                              | or CA/Agreement, Name and or No 201         |  |  |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------------------------------|----------------------------|-----------------------------------------|---------------------------------------------|--|--|
|                                                                        | SUBMIT IN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ]                                                                     | NMOCD ARTE                                                      |                            |                                         |                                             |  |  |
| 1. Type of Well                                                        | <del></del> 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |                                                                 |                            |                                         |                                             |  |  |
| X Oil Well                                                             | Gas Well                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8. Well Name and No.                                                  |                                                                 |                            |                                         |                                             |  |  |
| 2. Name of Opera                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Vega 9 Federal No. 3                                                  |                                                                 |                            |                                         |                                             |  |  |
| Cimarex Er                                                             | nergy Co. of Colo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 9. API Well No.                                                       |                                                                 |                            |                                         |                                             |  |  |
| 3a. Address                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | 3b Phone No (include area code)                                 |                            | 30-015-36713                            |                                             |  |  |
| 600 N. Ma                                                              | rienfeld St., Ste.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 600; Midland, TX 79701                                                | 432-571-7800                                                    |                            | 10. Field and Pool, or Exploratory Area |                                             |  |  |
| 4. Location of Well (Footage, Sec , T., R., M., or Survey Description) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                 |                            |                                         | Loco Hills; Glorieta-Yeso                   |  |  |
| 1650 FNL & 900 FWL                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                 |                            |                                         | 11 County or Parish, State  Eddy County, NM |  |  |
| 9-17S-30E                                                              | 015044                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PPPOPPIATE POV(EO) T                                                  | O INDIOATE MAT                                                  | UDE OF NOTE                |                                         |                                             |  |  |
| <u>-</u>                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | ICE, REPORT, OR OTHER DATA                                      |                            |                                         |                                             |  |  |
| TIPEOI                                                                 | F SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |                                                                 | PE OF ACTION               |                                         |                                             |  |  |
| Notice of I                                                            | ntent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Acidize                                                               | Deepen                                                          | Production (Start          | (Resume) Water Shut-Off                 |                                             |  |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Alter Casing                                                          | Fracture Treat                                                  | Fracture Treat Reclamation |                                         | Well Integrity                              |  |  |
| X Subsequer                                                            | nt Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Casing Repair                                                         | New Construction                                                | Recomplete                 |                                         | X Other Spud, set surface                   |  |  |
|                                                                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Change Plans                                                          | Plug and Abandon                                                | Temporarily Aba            | ndon                                    | and intermediate casing                     |  |  |
| Пг                                                                     | de e e e e Nete e                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       | H                                                               | <b>=</b>                   | Idon                                    | and meetinediate casing                     |  |  |
|                                                                        | idonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Convert to Injection eration (clearly state all pertinent details, in | Plug Back                                                       | Water Disposal             | de and an                               | to distribut the seef                       |  |  |
| determined the 02.23.10 02.24.10 02.25.10 02.26.10                     | following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3180-4 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.)  Notified Richard Carrasco (BLM) @ 3:25 pm and and Mike Bratcher (OCD) @ 3:35 pm prior to spud. Spudded 14¾" hole.  Ran 11¾" 42# H-40 STC casing to 325' and reamed.  Finished setting casing at 450.' Cemented with Lead 150 sx Class C + 4% D-20 + 2% S-1 + 0.2% D-46 + 4# D-42 + 0.125# D 130 (wt 12.9, yld 2) and Tail 200 sx Class C + 4# D-42 + 1% S-1 + 0.125# D-130 (wt 14.8, yld 1.36). Did not circulate to surface.  Ran TS and found TOC @ 290.' Top Job #1 - to 240' w/ 50 sx Class C + 2% S-1. Top Job # 2 - to 240 w/ 75 sx Class C + 2% S-1. Tagged @ 127.' Top Job #5 - to 127' w/ 50 sx Class C + 2% S-1. Tagged @ 109.' Top Job #6 - to 109' w/ 150 sx Class C + 2% S-1. Circulated 20 sx to surface. Legion Brumley of BLM was notified by phone. WOC 18 hours.  Pressure tested surface casing to 1000 psi for 30 minutes.  In 11" hole, ran 8¾" 24# J-55 STC to 1265.' Cemented with Lead 200 sx 50/50 POZ C + 10% D-20 + 5% D-44 (BWOW) + |                                                                       |                                                                 |                            |                                         |                                             |  |  |
|                                                                        | D-130 (wt 14.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       | C + 1% S-1 + 2# D-42 + 0.125#<br>ng to 1000 psi for 30 minutes. |                            |                                         |                                             |  |  |
| 44 152                                                                 | WOC 14.5 ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                                                 |                            | ACCEPT                                  | ED FOR RECORD                               |  |  |
| Name (Printed                                                          | that the foregoing is tru<br>(/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ue and correct                                                        | Title                                                           |                            |                                         |                                             |  |  |
| Natalie Kru                                                            | ueger                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       | Regulatory                                                      |                            | M.                                      | AR 2 3 2010                                 |  |  |
| Signature                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       | Date                                                            |                            | /s/                                     | Chris Walls                                 |  |  |
| Wa                                                                     | talie K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | niger                                                                 | March 7, 2010                                                   |                            | BUREAU OF LAND MANAGEMENT               |                                             |  |  |
|                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | THIS SPACE FOR                                                        | REDERAL OR STAT                                                 |                            |                                         | SBAD FIELD OFFICE                           |  |  |
| Approved by                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                 | Title                      |                                         | Date                                        |  |  |
| O-add                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                                                 | Offi                       |                                         |                                             |  |  |
| • • •                                                                  | • • •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ched Approval of this notice does not                                 | warrant or                                                      | Office                     |                                         |                                             |  |  |

which would entitle the applicant to conduct operations thereon.