

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB NO. 1004-0135
Expires January 31, 2004

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NM-101097
2. Name of Operator CIMAREX ENERGY CO. OF COLORADO ATIN: ZENO FARRIS		6. If Indian, Allottee or Tribe Name
3a. Address 600 N. MARIENFELD, SUITE 600, MIDLAND, TEXAS 79701	3b. Phone No. (include area code) (432) 571-7800	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER P 660' FSL & 865' FEL SEC. 19, T-25S, R-26E		8. Well Name and No. MORPHEUS 19 FED. #001
		9. API Well No. 30-015-35420
		10. Field and Pool, or Exploratory Area DELAWARE; WILDCAT
		11. County or Parish, State EDDY COUNTY NM

RECEIVED
OCT 25 2011
NMOCD-ARTESIA

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF PROPOSED 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 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 type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input checked="" 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 recomplete 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 recompletion 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 final site is ready for final inspection.)

10/11/11: SET 5-1/2" CIBP @ 5,090'; CIRC. WELL W/ PXA MUD; MIX X PUMP A 25 SX. CMT. PLUG ON TOP OF CIBP @ 5,090'-4,890' (CALC.); PERF. X SQZ. A 50 SX. CMT. PLUG @ 2,775'; WOC.

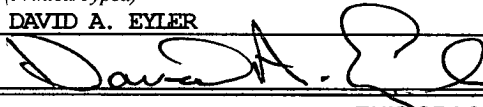
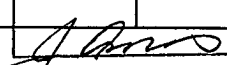
10/12/11: TAG TOP OF CMT. PLUG @ 2,570'; MIX X PUMP A 25 SX. CMT. PLUG @ 2,570' (PER BLM); WOC X TAG TOP OF CMT. PLUG @ 2,433'; MIX X PUMP A 55 SX. CMT. PLUG @ 1,891'; WOC X TAG TOP OF CMT. PLUG @ 1,475'; MIX X PUMP A 25 SX. CMT. PLUG @ 437'; WOC.

10/13/11: TAG TOP OF CMT. PLUG @ 245'; PERF. 5-1/2" CSG. @ 243'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,000# X HOLD; PERF. 5-1/2" CSG. @ 100'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,000# X HOLD. MIX X CIRC. A 30 SX. CMT. PLUG @ 245'-3'; DIG OUT X CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE TO CASINGS X INSTALL DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 10/13/11.

RECLAMATION
DUE 4-10-12

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID A. EYLER		Title AGENT	ACCEPTED FOR RECORD
		Date 10/14/11	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved by	Title	OCT 22 2011	
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, makes it a crime for any person knowingly and willfully to make any false, fictitious or fraudulent statements or representations or to conspire with its jurisdiction.

11/14/2011

Accepted for record
NMOCD

COA