

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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.*5. Lease Serial No.
NMNM100332

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other8. Well Name and No.
SCOTER 6 FEDERAL 3H2. Name of Operator
CIMAREX ENERGY COMPANYContact: ARICKA EASTERLING
E-Mail: aeasterling@cimarex.com9. API Well No.
30-015-418193a. Address
202 S. CHEYENNE, SUITE 1000
TULSA, OK 741033b. Phone No. (include area code)
Ph: 918-560-706010. Field and Pool, or Exploratory
COTTONWOOD DRAW; BS

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

Sec 6 T25S R27E 330FSL 2190FEL

11. County or Parish, and State

EDDY COUNTY, NM

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	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

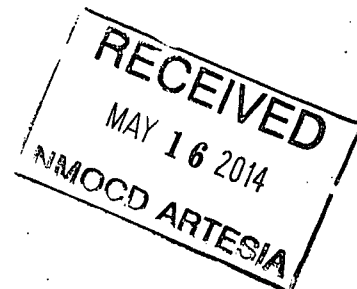
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths 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 site is ready for final inspection.)

Completion:

4/1/14 Test casing to 9000# psi for 30 min. Test Good. TOC @ 0'.
4/7/14 thru 4/8/14 Perf Bone Spring @ 7407' - 11870', 432 holes. Frac with 1,812,426 Gal total fluid & 3,012,044# Sand.
4/9/14 Mill out plugs. Wash to PBTD @ 14021'. Flow well
4/12/14 RIH w/ 2 3/8 tubing & packer, Set @ 6747'. GLV @ 1746, 3245, 4451, 5430, 6182, 6706. Turn well to production.

Accepted for record
NMOC

JRD 5/22/14



14. I hereby certify that the foregoing is true and correct.

Electronic Submission #245088 verified by the BLM Well Information System
For CIMAREX ENERGY COMPANY, sent to the Carlsbad

Name (Printed/Typed) ARICKA EASTERLING

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 05/09/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

Pending BLM approvals will
subsequently be reviewed
and scanned**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED**

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM100332
2. Name of Operator CIMAREX ENERGY COMPANY		6. If Indian, Allottee or Tribe Name
Contact: ARICKA EASTERLING E-Mail: aeasterling@cimarex.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 202 S. CHEYENNE, SUITE 1000 TULSA, OK 74103	3b. Phone No. (include area code) Ph: 918-560-7060	8. Well Name and No. SCOTER 6 FEDERAL 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T25S R27E 330FSL 2190FEL		9. API Well No. 30-015-41819
		10. Field and Pool, or Exploratory COTTONWOOD DRAW; BS
		11. County or Parish, and State EDDY COUNTY, NM

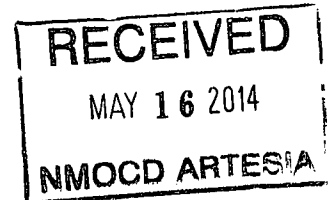
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

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	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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Completion Correction for Sundry 792-5983 (filed 5/9/14):

PBTD @ 11930'



14. I hereby certify that the foregoing is true and correct. Electronic Submission #245106 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY, sent to the Carlsbad	
Name (Printed/Typed) ARICKA EASTERLING	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 05/09/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

RECEIVED

MAY 16 2014

COTTONWOOD ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

5. Lease Serial No.
NMNM100332

1a. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator CIMAREX ENERGY COMPANY			Contact: ARICKA EASTERLING E-Mail: aeasterling@cimarex.com		
3. Address 202 S. CHEYENNE, SUITE 1000 TULSA, OK 74103			3a. Phone No. (include area code) Ph: 918-560-7060		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface SWSE 330FSL 2190FEL At top prod interval reported below SWSE 330FSL 2190FEL At total depth NWNE 344FNL 2007FEL			8. Lease Name and Well No. SCOTER 6 FEDERAL 3H		
14. Date Spudded 03/02/2014			15. Date T.D. Reached 03/20/2014		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/12/2014			9. API Well No. 30-015-41819		
18. Total Depth: MD 11940 TVD 7318			19. Plug Back T.D.: MD 11930 TVD		
20. Depth Bridge Plug Set: MD TVD			10. Field and Pool, or Exploratory COTTONWOOD DRAW; BS		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) DLL			11. Sec., T., R., M., or Block and Survey or Area Sec 6 T25S R27E Mer		
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			12. County or Parish EDDY		
			13. State NM		
			17. Elevations (DF, KB, RT, GL)* 3008 GL		

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	48.0	0	420		450		0	114
12.250	9.625 J55	36.0	0	2064		720		0	190
8.500	5.500 L80	17.0	0	11940		1244		0	32

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.375	6747	6747						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	7404	11870	7407 TO 11870	0.540	432	OPEN
B)						
C)						
D)						

26. Perforation Record

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
7407 TO 11870	FRAC WITH 1,812,426 GAL TOTAL FLUID & 3,012,044 # SAND.

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
04/12/2014	04/25/2014	24	→	894.0	1528.0	805.0	45.4		GAS LIFT
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
40/64	375 SI	875.0	→	895	1528	805	1709	PGW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API
			→				
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio
	SI		→				

Pending BLM approvals will
subsequently be reviewed
and scanned

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #245772 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers .

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
				SALADO	1230
				CASTILLE	1849
				BELL CANYON	2066
				CHERRY CANYON	3053
				BRUSHY CANYON	4106
				BONE SPRING	5599

32. Additional remarks (include plugging procedure):

Logs will be sent to the Carlsbad, NM field office via Fed Ex.

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7. Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #245772 Verified by the BLM Well Information System.
For CIMAREX ENERGY COMPANY, sent to the Carlsbad

Name (please print) ARICKA EASTERLINGTitle REGULATORY ANALYST

Signature _____ (Electronic Submission)

Date 05/15/2014

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