

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.

5. Lease Serial No.
NMNM114356

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
SANDY FEDERAL 22H

9. API Well No.
30-015-41792-00-X1

10. Field and Pool, or Exploratory
WILDCAT

11. County or Parish, and State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
CIMAREX ENERGY COMPANY OF CO
Contact: HOPE KNAULS
Email: hknauls@cimarex.com

3a. Address
600 NORTH MARIENFELD STREET SUITE 600
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 918.295.1799

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 23 T23S R30E SESE 0195FSL 0250FEL
32.170152 N Lat, 103.503761 W Lon

12. CHECK 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"/> 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	Change to Original APD
	<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.)

CIMAREX ENERGY CO. RESPECTFULLY REQUESTS TO CHANGE THE REMEDIAL CEMENT WORK AS FOLLOWS:

5-1/2" production string TOC was found to be 790' and 9-5/8" casing string was set at 3,865'. Cimarex performed 9-5/8" x 5-1/2" annulus pressure test to 1,000 psi for 30 minutes. Pressure test was successful. Cimarex requests a variance from R-111-P requiring cement to surface. Remediation procedure takes into consideration the cement overlap, the 1,000 psi pressure test proving that the annulus is isolated from the 8-3/4" hole, and Cimarex will add a pressure gauge to 9-5/8" x 5-1/2" annulus to monitor annulus pressure for the life of the well. Any abnormal increase in pressure will be reported to the BLM.

In addition, a pump will be rigged up with a pop off valve to the 9-5/8" annulus to monitor the annulus during the fracture stimulation work.

Accepted for record
NMOCD-16
9/25/14
NM OIL CONSERVATION
ARTESIA DISTRICT
SEP 24 2014

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

Electronic Submission #257810 verified by the BLM Well Information System
For CIMAREX ENERGY COMPANY OF CO, sent to the Carlsbad
Committed to AFMSS for processing by CHRISTOPHER WALLS on 09/18/2014 (14CRW0325SE)

Name (Printed/Typed) HOPE KNAULS Title REGULATORY TECHNICIAN

Signature (Electronic Submission) Date 08/21/2014

RECEIVED

APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date SEP 18 2014

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 /s/ Chris Walls
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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.



Graphic Controls, LLC

Angel Cayas

CHART NO. MC MP-3000-1H

METER

CHART PUT ON

TAKEN OFF

LOCATION

Sewer Unit 22H

REMARKS

*9 5/8 Test 30 min
100695F
BT Stone*