

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NM OIL CONSERVATION  
ARTESIA DISTRICT  
OCD 1/1/2015  
JUN 11/2015  
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.*

RECEIVED

**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. NMNM114356
2. Name of Operator CIMAREX ENERGY COMPANY Contact: CRISTEN BURDELL E-Mail: cburdell@cimarex.com		6. If Indian, Allottee or Tribe Name
3a. Address 202 S. CHEYENNE AVE STE 1000 TULSA, OK 74103	3b. Phone No. (include area code) Ph: 918-560-7038	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T23S R30E SESE 195FSL 250FEL		8. Well Name and No. SANDY FEDERAL 22H
		9. API Well No. 30-015-41792
		10. Field and Pool, or Exploratory WILDCAT
		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	
	<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.)

8/21/14 TOC @ 790?. BLM approved annulus press test gauge be installed and monitored on well.  
Test csg to 1000# for 30 mins. OK.  
8/23/14 Test csg to 8500# for 30 mins. Ok. PBDT @ 18021. SI for frac.  
8/25/14 to  
9/06/14 Perf Bone Spring @ 12294-17990, .54, 528 holes. Frac w/ 2340473 gals total fluid,  
3675870# sand: SI pending offset frac.  
9/11/14 Mill out plugs and CO to PBDT.  
9/13/14 Flowback well.  
9/18/14 RIH w/ 2-3/8 tbg, pkr and GLV & Set @ 10471. GLV @ 1840, 2945, 3660, 4376, 5093, 5742,  
6458, 7142, 7793, 8444, 9096, 9746, 10429. Turn well over to production.

UD 6/12/15  
ACCEPTED FOR RECORD  
NMOC

Accepted for record as "AMENDED" to EC sundry # 284202 submitted 12/10/14

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

Electronic Submission #286772 verified by the BLM Well Information System  
For CIMAREX ENERGY COMPANY, sent to the Carlsbad  
Committed to AFMSS for processing by DEBORAH HAM on 05/14/2015.

Name (Printed/Typed) CRISTEN BURDELL	Title REGULATORY ANALYST	ACCEPTED FOR RECORD MAY 29 2015
Signature (Electronic Submission)	Date 01/05/2015	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>		
Approved By _____	Title _____	BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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 \*\***