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

OCD Artesia

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

5. Lease Serial No. NMNM0334702

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.					NMNM0334702	NMNM0334702  6. If Indian, Allottee or Tribe Name	
					6. If Indian, Allottee		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agre	7. If Unit or CA/Agreement, Name and/or No.	
1. Type of Well ☐ Gas Well ☐ Other						8. Well Name and No. NESTE TOMANO 1	
Name of Operator Contact: PAULA BRUNSON CIMAREX ENERGY COMPANY OF CO-Mail: pbrunson@cimarex.com					9. API Well No. 30-015-25947-(	00-S1	
3a. Address 600 NORTH MARIENFELD STREET SUITE 600 MIDLAND, TX 79701  3b. Phone No. (include area code) Ph: 432-571-7848					10. Field and Pool, or N SHUGART	10. Field and Pool, or Exploratory N SHUGART	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish,	11. County or Parish, and State	
Sec 6 T18S R31E NENE 550FNL 440FEL					EDDY COUNT	EDDY COUNTY, NM	
12. CHECK APPE	ROPRIATE BOX(ES) TO	O INDICATE	NATURE O	F NOTICE	E, REPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				DN		
Notice of Intent	☐ Acidize	☐ Deep	en	□ Pro	duction (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Fract	ture Treat	☐ Re	clamation	■ Well Integrity	
☐ Subsequent Report	□ Casing Repair	□ New	Construction	☐ Re	complete	Other	
☐ Final Abandonment Notice	☐ Change Plans ☐ P.		and Abandon	☐ Ter	mporarily Abandon		
	Convert to Injection Pl		Back		iter Disposal		
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi Cimarex respectfully requests above well. The NOV requires additional time to re-evaluate feasible, we plan to P&A the w	operations. If the operation re- vandonment Notices shall be fil- inal inspection.)  a 90-day extension on the s corrective action be con- the well for possible return	esults in a multiple led only after all none ne Notice of Vin poleted by 4/8	e completion or equirements, inco olation dated /2015: howe	recompletion cluding rectar 2/25/15 fo ver, we wo	in a new interval, a Form 316 nation, have been completed, or the uld like	0-4 shall be filed once	
Aconstant has record					DEC	DEC 1 8 2015	
المستدرة خيرو بالافواق					REC	EIVED	
Due Daste	wes 5.	25-15					
14. I hereby certify that the foregoing is	true and correct. Electronic Submission # For CIMAREX ENE amitted to AFMSS for proc	ERGY COMPA	IY OF CO, se	nt to the Ca	ırlsbad´	·	
Name (Printed/Typed) PAULA BRUNSON Title				ULATORY	ANALYST		
Signature (Electronic S	Submission)		Date 03/1	9/2015			
Accepted for Bicon	/ THIS SPACE FO	OR FEDERA		- · · · · · · · · · · · · · · · · · · ·	E USE		
Approved By - Lamb C	1. Cons		ئے Title	SPET		/2-13-15 Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conductive th	iitable title to those rights in the		Office (	1.60			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any per s to any matter wi	rson knowingly thin its jurisdict	and willfully ion.	to make to any department or	agency of the United	