Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT 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.			CRM OMB 1 Expires	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM19423 6. If Indian, Allottee or Tribe Name	
			6. If Indian, Allottee		
SUBMIT IN TRI	PLICATE - Other instruc	tions on reverse side.	7. If Unit or CA/Agr	eement, Name and/or No.	
1. Type of Well Dil Well S Gas Well D Other				8. Well Name and No. WHITE CITY 10 FEDERAL 3	
2. Name of Operator Contact: RHONDA SHELDON CIMAREX ENERGY COMPANY OF CO-Mail: rsheldon@cimarex.com			9. API Well No. 30-015-38097-00-S1		
3a. Address 202 S CHEYENNE AVE SUITE 1000 TULSA, OK 74103.4346		3b. Phone No. (include area cod Ph: 918-295-1709	e) 10. Field and Pool, o SAGE DRAW UNKNOWN		
4. Location of Well (Footage, Sec., 7	., R., M., or Survey Description)	)	11. County or Parish	11. County or Parish, and State	
Sec 10 T25S R26E SESE 660	DFSL 330FEL		EDDY COUNT	ΓΥ, ΝΜ	
12. CHECK APPI	ROPRIATE BOX(ES) TO	) INDICATE NATURE OF	NOTICE, REPORT, OR OTHI	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
□ Notice of Intent	Acidize	🗖 Deepen	□ Production (Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation	Well Integrity	
Subsequent Report	🗖 Casing Repair	New Construction	Recomplete	🛛 Other	
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Abandon	rily Abandon Site Facility Diagra m/Security Plan	
	Convert to Injection	Plug Back	Water Disposal		
determined that the site is ready for f Please see the attachment for	inal inspection.)		iding reclamation, have been completed	l, and the operator has	
Please see the attachment for	inal inspection.) - the requested facility diag	gram.	eepted for Record Purpos proval Subject to Onsite 1 te:	es.	
Please see the attachment for	inal inspection.) - the requested facility diag	onservation onservation ESTA DISTRICT	cepted for Record Purpos proval Subject to Onsite 1	es.	
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Please see the attachment for Accept 14. I hereby certify that the foregoing is Con Name (Printed/Typed) RHONDA	inal inspection.) the requested facility diagonal MOLCONNOLCONNOLCONNOLCONNOLCON NOCONNOCO True and correct. Electronic Submission #2 For CIMAREX ENE mitted to AFMSS for proce SHELDON Submission)	gram. ONSERVATION ONSERVATION ESTA DISTRICT AR 2 1 20.0 AR 2 1 20.0 AR BRECEIVED BRECEIVED AR BIN OF CO, sem BRESCILLA PEREZ Title REGL	Vell Information System to the Carlsbad on 02/25/2016 (16PP0530SE)	es.	
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