| Form 3160-5<br>(June 2015) DE<br>B <sup>II</sup><br>SUNDRY<br>Do not use this<br>abandoned we | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires: January 31, 2018<br>5. Lease Serial No.<br>NMLC065347<br>6. If Indian, Allottee or Tribe Name |                                                       |                                                               |  |  |  |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------------|--|--|--|
| SUBMIT IN                                                                                     | 7. If Unit or CA/Agreement, Name and/or No.                                                                                                  |                                                       |                                                               |  |  |  |
| <ol> <li>Type of Well</li> <li>☐ Oil Well 	☐ Gas Well 	☐ Oth</li> </ol>                       | 8. Well Name and No.<br>ESTILL AD FEDERAL 2                                                                                                  |                                                       |                                                               |  |  |  |
| 2. Name of Operator<br>CIMAREX                                                                | Contact:<br>E-Mail: rsheldon@                                                                                                                | RHONDA SHELDON<br>cimarex.com                         | 9. API Well No.<br>30-015-33336                               |  |  |  |
| 3a. Address<br>202 S. CHEYENNE AVE SUI<br>TULSA, OK 74103                                     | ΓE 1000                                                                                                                                      | 3b. Phone No. (include area code)<br>Ph: 918-295-1709 | 10. Field and Pool or Exploratory Area<br>WHITE CITY-WOLFCAMP |  |  |  |
| 4. Location of Well (Footage, Sec., 7                                                         | 11. County or Parish, State                                                                                                                  |                                                       |                                                               |  |  |  |
| Sec 19 T24S R26E SENE 22                                                                      | EDDY COUNTY, NM                                                                                                                              |                                                       |                                                               |  |  |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         |                                                                                                                                              |                                                       |                                                               |  |  |  |
| TYPE OF SUBMISSION     TYPE OF ACTION                                                         |                                                                                                                                              |                                                       |                                                               |  |  |  |

| _ |                          |                                |                      |                             |                            |  |
|---|--------------------------|--------------------------------|----------------------|-----------------------------|----------------------------|--|
| _ | □ Notice of Intent       | □ Acidize                      | 🗖 Deepen             | ☐ Production (Start/Resume) | U Water Shut-Off           |  |
|   | Subsequent Report        | □ Alter Casing                 | Hydraulic Fracturing | Reclamation                 | Well Integrity             |  |
|   |                          | 🗖 Casing Repair                | New Construction     | Recomplete                  | Other                      |  |
|   | Final Abandonment Notice | ndonment Notice 📋 Change Plans |                      | Temporarily Abandon         | Venting and/or Flari<br>ng |  |
|   |                          | □ Convert to Injection         | Plug Back            | Water Disposal              | č                          |  |

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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleted. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

With this filing, Cimarex is reporting July 1 through September 30, 2017 total volume flared as 474 mcf.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                       |                            | 1%             |            | ARTESIA DI<br>DEC 05<br>RECEIVE | 2017         | TION         | $\sum$ | 1                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|----------------------------|----------------|------------|---------------------------------|--------------|--------------|--------|------------------|
| 14. I hereby certify that the second | he foregoing is true and correct.<br>Electronic Submission #395577 verifie<br>For CIMAREX, se<br>Committed to AFMSS for processing b                                        | ht to th              | e Carlsba                  | ad/            | 1          | •                               | $\mathbb{N}$ |              |        |                  |
| Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | RHONDA SHELDON                                                                                                                                                              | Title                 | REGU                       | VATO           | B¥ I       | ECHNICIAN                       | 11           | $\geq$       | 11     |                  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | (Electronic Submission)                                                                                                                                                     | Date                  | 11/20                      | 2017           |            | PTED FOR                        | REC(         | )R/D <br>1/  | //     |                  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |                       |                            |                |            |                                 |              |              |        |                  |
| _Approved By                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                             | Title                 |                            | 1              |            |                                 |              | X AM         | M      |                  |
| certify that the applicant ho                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ny, are attached. Approval of this notice does not warrant or<br>lds legal or equitable title to those rights in the subject lease<br>licant to conduct operations thereon. | Office                | e                          | Þ              | AREA<br>CA | HOF VAND MA<br>RLSBAD FIELD     | DEFICE       |              | U Y    | X                |
| Title 18 U.S.C. Section 100<br>States any false, fictitious                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 and Title 43 U.S.C. Section 1212, make it a crime for any po<br>or fraudulent statements or representations as to any matter w                                            | rson kno<br>ithin its | owingly an<br>jurisdiction | ud willfu<br>n | illy to    | make to any depa                | rment or a   | gency of the | United | 71               |
| (Instructions on page 2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | * OPERATOR-SUBMITTED ** OPERATOR-                                                                                                                                           | SUBN                  | NITTED                     | ** OP          | ER         | ATOR-SUBM                       | ITTED '      |              |        | - <del> </del> - |