

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB NO 1004-0135
Expires January 31, 2004

SUNDRY NOTICES AND REPORTS ON WELLS

AUG 25 2009

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

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 LC 029387A
2 Name of Operator CIMAREX ENERGY CO. OF COLORADO ATTN: ZENO FARRIS		6 If Indian, Allottee or Tribe Name
3a Address 5215 N. O'CONNOR BLVD., STE. 1500, IRVING, TX 75039	3b Phone No (include area code) (469) 443-6489	7 If Unit or CA/Agreement, Name and/or No
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) UNIT LETTER N 822' FSL & 2,310' FWL SECTION 29, T-18S, R-31E		8. Well Name and No. WEST SHUGART 29 #004 FEDERAL
		9 API Well No 30-015-30870
		10 Field and Pool, or Exploratory Area WEST SHUGART DELAWARE
		11 County or Parish, 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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 recompleat 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 recompleat 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 final site is ready for final inspection.)

08/12/09: TAG EXISTING CIBP @ 4,944'; CIRC. WELL W/ PXA MUD.

08/13/09: MIX & PUMP A 55 SX. CMT. PLUG ON TOP OF EXISTING CIBP @ 4,944'-4,504' (CALC.); MIX & PUMP A 25 SX. CMT. PLUG @ 3,562'-3,362' (CALC.); WOC & PRES. UP ON 5-1/2" CSG. TO 750# - HELD OK. CUT 5-1/2" CASING @ 2,690' - NOT FREE; PRES. UP ON CSG. CUT TO 1,000# & COULD NOT PUMP INTO CSG. CUT; MIX & PUMP A 25 SX. CMT. PLUG @ 2,855' (PER RICHARD W/ BLM); WOC.

08/14/09: TAG TOP OF CMT. PLUG @ 2,625'; CUT 5-1/2" CSG. @ 1,950' - NOT FREE; PRES. UP ON CSG. CUT TO 900# & COULD NOT PUMP INTO CSG. CUT; MIX & PUMP A 25 SX. CMT. PLUG @ 2,000'; WOC & TAG TOP OF CMT. PLUG @ 1,785'; PERF. & SQZ. A 40 SX. CMT. PLUG @ 810'; WOC.

08/17/09: TAG TOP OF CMT. PLUG @ 665'; MIX & CIRC. TO SURF. INSIDE 5-1/2" CSG. & 5-1/2" X 8-5/8" ANNULUS A 30 SX. CMT. SURF. PLUG @ 63'-3'; DIG OUT & CUT OFF WELLHEAD 3' B.G.L.; WELD ON STEEL PLATE & DRY HOLE MARKER.

WELL PLUGGED AND ABANDONED 08/17/09.

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed) DAVID A. EYLER		Title AGENT
		Date 08/17/09
THIS SPACE FOR FEDERAL OR STATE OFFICE USE		
Approved by	Title	<div>ACCEPTED FOR RECORD</div> <div>AUG 21 2009</div> <div></div> <div>BUREAU OF LAND MANAGEMENT</div> <div>CARLEND OFFICE</div>
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, makes it a crime for any person knowingly and willfully to make to an agency or officer of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.		