Form 3160-5 (August 2007)

## **UNITED STATES**

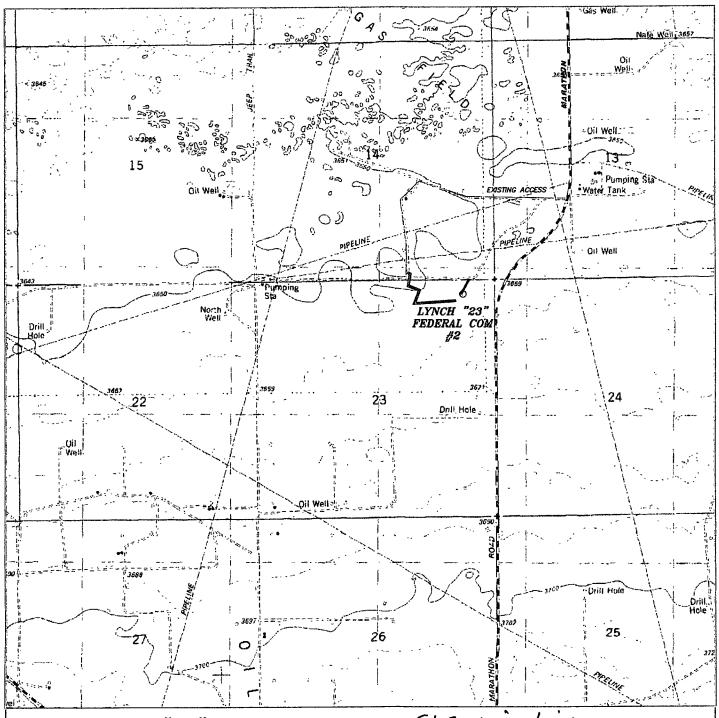
DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** 

FORM APPROVED OMB No. 1004-0137

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enteran-ween

| Expires July 31, 2010                |  |
|--------------------------------------|--|
| 5. Lease Serial No.<br>NM-123524     |  |
| 6. If Indian, Allottee or Tribe Name |  |

| abandoned well.                                                                                                                                                                                                                                               | Use Form 3160-3 (Al                                                                                                 | PD) for such                                                 | proposal                       | EIVED<br>S.                 |                                             |                               |                       |                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------|-----------------------------|---------------------------------------------|-------------------------------|-----------------------|----------------------|
| abandoned well. Use Form 3160-3 (APD) for such proposals.  SUBMIT IN TRIPLICATE – Other instructions on page 2.                                                                                                                                               |                                                                                                                     |                                                              |                                |                             | 7. If Unit of CA/Agreement, Name and/or No. |                               |                       |                      |
| 1. Type of Well                                                                                                                                                                                                                                               |                                                                                                                     |                                                              |                                |                             |                                             |                               |                       | /                    |
| ✓ Oil Well Gas W                                                                                                                                                                                                                                              | ell Other                                                                                                           |                                                              |                                |                             | 8. Well Name and<br>Lynch 23 Fed C          | No.<br>om #2                  |                       |                      |
| 2 Name of Operator<br>CIMAREX ENERGY CO. OF COLO                                                                                                                                                                                                              | RADO                                                                                                                |                                                              |                                |                             | 9. API Well No. 300254                      | 0123                          |                       |                      |
| 3a. Address                                                                                                                                                                                                                                                   |                                                                                                                     | 3b. Phone No (in                                             | clude area co                  | de)                         | 10. Field and Pool                          |                               | ory Area              |                      |
| 600 N. Marienfeld Street, Suite 600<br>Midland, Tx 79701                                                                                                                                                                                                      | ,                                                                                                                   | 432-620-1938                                                 |                                |                             | Lea B                                       | one $50$                      | oring 5               | 5 <i>-</i>           |
| 4. Location of Well (Footage, Sec., T.,                                                                                                                                                                                                                       | R., M., or Survey Description)                                                                                      |                                                              | ,                              |                             | 11. Country or Pa                           | rish, State                   |                       |                      |
| 330 FNL & 660 FEL, Section 23, T. 20 S , R 34                                                                                                                                                                                                                 | E /                                                                                                                 |                                                              |                                |                             | Lea, NM                                     |                               |                       |                      |
| 12. CHEC                                                                                                                                                                                                                                                      | K THE APPROPRIATE BO                                                                                                | X(ES) TO INDICA                                              | ATE NATUR                      | E OF NOTIC                  | CE, REPORT OR C                             | OTHER DAT                     | A                     |                      |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                            |                                                                                                                     |                                                              | TY                             | PE OF ACT                   | TON                                         |                               |                       |                      |
| Notice of Intent                                                                                                                                                                                                                                              | Acidize                                                                                                             | Deepen                                                       |                                | =                           | uction (Start/Resum                         |                               | Water Shut-Of         |                      |
| _                                                                                                                                                                                                                                                             | Alter Casing                                                                                                        | Fracture                                                     |                                |                             | amation                                     |                               | Well Integrity        |                      |
| Subsequent Report                                                                                                                                                                                                                                             | Casing Repair                                                                                                       | =                                                            | nstruction                     |                             | mplete                                      | i <b>√</b> l •                | Other Electr          | ic Line              |
|                                                                                                                                                                                                                                                               | Change Plans                                                                                                        |                                                              | Abandon                        | Temporarily Abandon         |                                             |                               |                       |                      |
| Final Abandonment Notice                                                                                                                                                                                                                                      | Convert to Injection                                                                                                | Plug Bac                                                     | ;k                             | Wate                        | r Disposal                                  |                               |                       |                      |
| testing has been completed. Final determined that the site is ready for Cimarex Energy Company proposes north section line in the NE1/4NE1/4 The total line will be 250 ft. or 0.1 ac The short distance off the section line soon as the BLM gives approval. | r final inspection.) Is to install 250 ft. of an ove It of section 23, southsoutheres. The is within the 600 square | erhead, 3-phase 4<br>lwest, to the north<br>area cleared arc | 480 volt, sec<br>h edge of the | ondary elec<br>e #2 well pa | tric line. The line<br>d. There will be a   | will originat<br>total of 2 p | e from an Ex<br>oles. | xcel line off the    |
| 14 I hereby certify that the foregoing is to BARRY W. HUNT                                                                                                                                                                                                    | rue and correct Name (Printed                                                                                       |                                                              | itle PERMI                     | r agent fo                  | OR CIMAREX EN                               | NERGY CO                      | OF COLOR              | RADO                 |
| 7                                                                                                                                                                                                                                                             |                                                                                                                     |                                                              |                                |                             |                                             |                               |                       |                      |
| Signature Day to.                                                                                                                                                                                                                                             | 45                                                                                                                  | D                                                            | oate /0                        | /13/11                      | /                                           | <del></del>                   |                       |                      |
|                                                                                                                                                                                                                                                               | THIS SPACE                                                                                                          | FOR FEDER                                                    | AL OR ST                       | ATE OF                      | FICE USE                                    |                               |                       |                      |
| Approved by /s/ Do                                                                                                                                                                                                                                            | n Peterson                                                                                                          |                                                              |                                | TELD MAN                    | IAGER                                       | D                             | OCT 2                 | 7 2011               |
| Conditions of approval, if any, are attached that the applicant holds legal or equitable tentitle the applicant to conduct operations                                                                                                                         | itle to those rights in the subject                                                                                 |                                                              |                                | LSBAD FII                   | ELD OFFICE                                  | Date                          | <u> </u>              |                      |
| Title 18 U.S C. Section 1001 and Title 43 fictitious or fraudulent statements or representations.                                                                                                                                                             | U.S C. Section 1212, make it a                                                                                      |                                                              |                                |                             |                                             | rtment or ager                | ncy of the Unit       | ted States any false |



LYNCH "23" FEDERAL COM #2 ELECTRIC Line
Located 330' FNL and 660' FEL
Section 23, Township 20 South, Range 34 East,
N.M.P.M., Lea County, New Mexico.



P.O. Box 1786 1120 N. West County Rd. Hobbs, New Mexico 88241 (575) 393-7316 - Office (575) 392-2206 - Fax bosinsurveys.com

| W.O  | Number    | BJN   | 23364                           | in the second | 4 |
|------|-----------|-------|---------------------------------|---------------|---|
| Surv | ey Date   | 09-   | 10-2010                         |               | 5 |
| Scal | e: 1" = 2 | 000'  | /                               |               | 4 |
| Date | · 00_14.  | -2010 | A second branch from the second |               |   |

CIMAREX ENERGY CO. OF COLORADO

