

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

HOBBS OCD
FEB 01 2017
RECEIVED

Carlsbad Field Office
OCD Artesia

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.

BLM Field Serial No.
NMNM43562

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH		6. If Indian, Allottee or Tribe Name
2. Name of Operator CIMAREX ENERGY COMPANY / Contact: HOPE KNAULS E-Mail: hknauls@cimarex.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 202 S. CHEYENNE AVE TULSA, OK 74127	3b. Phone No. (include area code) Ph: 918-585-1100	8. Well Name and No. CASCADE 28 FEDERAL 4H ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 28 T25S R33E 180FNL 1350FEL		9. API Well No. 30-015-42372 3002542372
		10. Field and Pool or Exploratory Area BONESPRING
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original APD
	<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 recomple 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 recomple in a new interval, a Form 3160-4 must be filed once testing has been completed. 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.

The permit for this well is due to expire 1-12-2017. Cimarex respectfully requests a permit extension due to rig scheduling.

APPROVED FOR 24 MONTH PERIOD
ENDING 1-12-'19

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #358756 verified by the BLM Well Information System
For CIMAREX ENERGY COMPANY, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 01/06/2017 ()**

Name (Printed/Typed) HOPE KNAULS	Title REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 11/22/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>J. D. W. Littlejohn</u>	Title <u>TLDET</u>	Date <u>1/23/17</u>
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 <u>CFO</u>

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

[Handwritten Signature]