

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

**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. NMNM86154	
2. Name of Operator CIMAREX ENERGY CO OF COLO		Contact: AMITHY E CRAWFORD E-Mail: acrawford@cimarex.com	6. If Indian, Allottee or Tribe Name
3a. Address 600 N. MARIENFELD SUITE 600 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-620-1909	7. If Unit or CA/Agreement, Name and/or No. Well Name and No. TRISTE DRAW 25 FEDERAL 3H	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T23S R32E 330FSL 1980FWL		9. API Well No. 30-025-41150	
		10. Field and Pool, or Exploratory TRISTE DRAW BONE SPRING	
		11. County or Parish, and State LEA 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 checked="" type="checkbox"/> Other Site Facility Diagram/Security Plan
	<input type="checkbox"/> Change Plans	<input 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 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion 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 site is ready for final inspection.)

Please see attached the facility diagram for the following wells:

Triste Draw 25 Federal #3H 30-025-41150

Thank you.

ENTERED 2/10/17  
INTO AFMSS

Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
Date: 2/10/17

14. I hereby certify that the foregoing is true and correct. Electronic Submission #351326 verified by the BLM Well Information System For CIMAREX ENERGY CO OF COLO, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/19/2016 ()	
Name (Printed/Typed) AMITHY E CRAWFORD	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 09/15/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>[Signature]</u>	Title EPS, WE	Date <u>2/10/17</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 CFO	

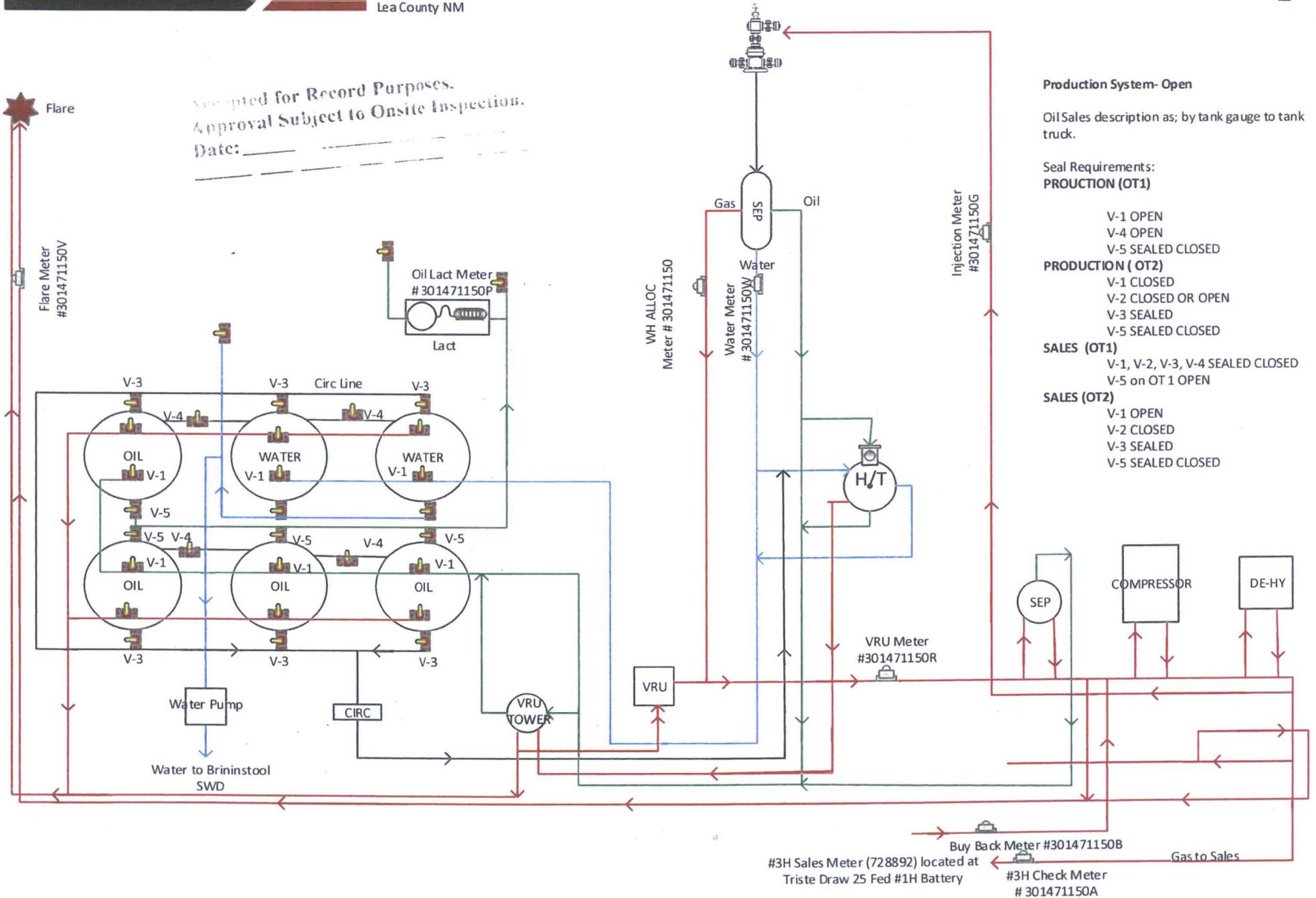
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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

[Signature]



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 Approval Subject to Onsite Inspection.  
 Date: \_\_\_\_\_



**Production System- Open**

Oil Sales description as; by tank gauge to tank truck.

**Seal Requirements:  
 PRODUCTION (OT1)**

- V-1 OPEN
- V-4 OPEN
- V-5 SEALED CLOSED

**PRODUCTION (OT2)**

- V-1 CLOSED
- V-2 CLOSED OR OPEN
- V-3 SEALED
- V-5 SEALED CLOSED

**SALES (OT1)**

- V-1, V-2, V-3, V-4 SEALED CLOSED
- V-5 on OT 1 OPEN

**SALES (OT2)**

- V-1 OPEN
- V-2 CLOSED
- V-3 SEALED
- V-5 SEALED CLOSED