

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-104  
Revised August 1, 2011

Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Address Cimarex Energy Co. 600 N. Marienfeld St. Suite 600 Midland, TX 7901		<sup>2</sup> OGRID Number 215099
		<sup>3</sup> Reason for Filing Code/ Effective Date NW / 10/04/2018
<sup>4</sup> API Number 30-025-42102	<sup>5</sup> Pool Name Triste Draw; Bone Spring	<sup>6</sup> Pool Code 96603
<sup>7</sup> Property Code 39851	<sup>8</sup> Property Name Triste Draw 25 Federal Com	<sup>9</sup> Well Number 8H

**II. <sup>10</sup>Surface Location**

UI or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
M	25	23S	32E		510	South	1080	West	Lea

**<sup>11</sup> Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	25	23S	32E		330	North	359	West	Lea

<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
F	P	10/04/2018			

**III. Oil and Gas Transporters**

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
21778	Sunoco R&M PO Box 2039 Tulsa OK 74102	O
36785	DCP Midstream, LP 370 17th St Suite 2500 Denver CO 80202	G

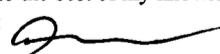
**IV. Well Completion Data**

<sup>21</sup> Spud Date	<sup>22</sup> Ready Date	<sup>23</sup> TD	<sup>24</sup> PBTB	<sup>25</sup> Perforations	<sup>26</sup> DHC, MC
11/22/2017	10/04/2018	14,100'	14,097'	9860'-14,052'	
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2"	13-3/8"	1289'	1140 sx - TOC @ 0		
12-1/4"	9-5/8"	5000'	1500 sx - TOC @ 0		
8-3/4"	5-1/2"	14,100'	2046 sx - TOC @ 0		
Tubing	2-7/8"	9314'			

**V. Well Test Data**

<sup>31</sup> Date New Oil	<sup>32</sup> Gas Delivery Date	<sup>33</sup> Test Date	<sup>34</sup> Test Length	<sup>35</sup> Tbg. Pressure	<sup>36</sup> Csg. Pressure
10/04/2018	10/04/2018	10/12/2018	24	268	65
<sup>37</sup> Choke Size	<sup>38</sup> Oil	<sup>39</sup> Water	<sup>40</sup> Gas	<sup>41</sup> Test Method	
120	704	3741	507	P	

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: 

Printed name:  
Fatima Vasquez

Title:  
Regulatory Analyst

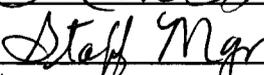
E-mail Address:  
fvasquez@cimarex.com

Date:  
01/24/2019

Phone:  
(432) 620-1933

OIL CONSERVATION DIVISION

Approved by: 

Title: 

Approval Date: 1-30-19

Documents pending BLM approvals will subsequently be reviewed and scanned

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

**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.*

5. Lease Serial No.  
NMNM86154

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
TRISTE DRAW 25 FEDERAL COM 8H

2. Name of Operator  
CIMAREX ENERGY COMPANY  
Contact: FATIMA VASQUEZ  
E-Mail: fvasquez@cimarex.com

9. API Well No.  
30-025-42102

3a. Address  
600 N MARIENFELD ST, SUITE 600  
MIDLAND, TX 79701

3b. Phone No. (include area code)  
Ph: 432-620-1933

10. Field and Pool or Exploratory Area  
TRISTE DRAW; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 25 T23S R32E SWSW 510FSL 1080FWL  
32.269386 N Lat, 103.632606 W Lon

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 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"/> 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 Production Start-up
	<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 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 must 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 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.

Cimarex completed this well as follows:

- 07/31/18 Test csg to 9875# for 30 min. OK. SWI.
- 08/28/18 to
- 09/02/18 Frac Bone Spring @ 9860? -14,052?, 612 holes, .41?. Frac w/ 168,174 bbls total fluid, 8,961,777# sand.
- 09/17/18 DO plugs.
- 09/18/18 Continue to DO plugs. CO to PBD @ 14,097?. SWI.
- 09/26/18 RIH w/ 2-7/8? 6.5# L-80 EUE prod tbg & pkr set @ 9,314?.
- 10/04/18 TTP.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #451668 verified by the BLM Well Information System For CIMAREX ENERGY COMPANY, sent to the Hobbs**

Name (Printed/Typed) FATIMA VASQUEZ	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/24/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____
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 _____

*Documents pending BLM approvals will subsequently be reviewed and scanned*

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

Agency of the United

(Instructions on page 2)

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**WELL COMPLETION OR RECOMPLETION REPORT AND LOG**

5. Lease Serial No.  
NMNM86154

1a. Type of Well  Oil Well  Gas Well  Dry  Other  
 b. Type of Completion  New Well  Work Over  Deepen  Plug Back  Diff. Resvr.  
 Other \_\_\_\_\_

2. Name of Operator **CIMAREX ENERGY COMPANY** Contact: **FATIMA VASQUEZ**  
 E-Mail: **fvasquez@cimarex.com**

3. Address **600 N MARIENFELD ST SUITE 600** 3a. Phone No. (include area code)  
**MIDLAND, TX 79701** Ph: **432-620-1933**

4. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
 At surface **Sec 25 T23S R32E Mer**  
**SWSW 510FSL 1080FWL 32.269386 N Lat, 103.632606 W Lon**  
 At top prod interval reported below  
**Sec 25 T23S R32E Mer**  
 At total depth **NWNW 330FNL 359FWL**

6. If Indian, Allottee or Tribe Name \_\_\_\_\_  
 7. Unit or CA Agreement Name and No. \_\_\_\_\_

8. Lease Name and Well No.  
**TRISTE DRAW 25 FEDERAL COM 8H**

9. API Well No.  
**30-025-42102**

10. Field and Pool, or Exploratory  
**TRISTE DRAW; BONE SPRING**

11. Sec., T., R., M., or Block and Survey  
or Area **Sec 25 T23S R32E Mer**

12. County or Parish **LEA** 13. State **NM**

14. Date Spudded **11/22/2017** 15. Date T.D. Reached **12/07/2017** 16. Date Completed  
 D & A  Ready to Prod.  
**10/04/2018**

17. Elevations (DF, KB, RT, GL)\*  
**3680 GL**

18. Total Depth: **MD 14100** 19. Plug Back T.D.: **MD 14097** 20. Depth Bridge Plug Set: **MD**  
**TVD 9855** **TVD**

21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
**NONE**

22. Was well cored?  No  Yes (Submit analysis)  
 Was DST run?  No  Yes (Submit analysis)  
 Directional Survey?  No  Yes (Submit analysis)

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J-55	48.0	0	1289		1140		0	
12.250	9.625 J-55	40.0	0	5000		1500		0	
8.750	5.500 P-110	20.0	0	14100		2046		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	9314	9314						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) <b>BONE SPRING</b>	<b>8830</b>		<b>9860 TO 14052</b>	<b>0.410</b>	<b>612</b>	<b>PRODUCING</b>
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
<b>9860 TO 14052</b>	<b>168,174 GALS TOTAL FLUID &amp; 8,961,777# SAND</b>

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
<b>10/04/2018</b>	<b>10/12/2018</b>	<b>24</b>	<b>→</b>	<b>704.0</b>	<b>507.0</b>	<b>3741.0</b>	<b>44.0</b>		<b>GAS LIFT</b>
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
<b>120</b>	<b>268</b>	<b>65.0</b>	<b>→</b>	<b>704</b>	<b>507</b>	<b>3741</b>	<b>720</b>	<b>POW</b>	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			<b>→</b>						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	<b>SI</b>		<b>→</b>						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #451765 VERIFIED BY THE BLM WELL INFORMATION SYSTEM  
**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPE**

Documents pending BLM approvals will subsequently be reviewed and scanned

28b. Production - Interval C									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

28c. Production - Interval D									
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)  
**SOLD**

30. Summary of Porous Zones (Include Aquifers):  
 Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	1240	1730	WATER		
SALADO	1730	4800	SALT		
BASE OF SALT	4800	5030	BARREN		
DELAWARE SANDS	5030	8830	OIL & GAS		
BONE SPRING	8830		OIL & GAS		

32. Additional remarks (include plugging procedure):

33. Circle enclosed attachments:
- |   |                    |               |                       |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.)     | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis   | 7 Other:      |                       |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #451765 Verified by the BLM Well Information System.  
 For CIMAREX ENERGY COMPANY, sent to the Hobbs**

Name (please print) FATIMA VASQUEZ Title REGULATORY ANALYST

Signature (Electronic Submission) Date 01/24/2019

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.