Form 3160-5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD /	Artesia
-------	---------

FORM APPROVED
OMB No 1004-0137

OMB No 1004- 0137 Expires July 31, 2010

		5 Lease Serial No		
SUNDRY NOTICES AND REPORTS ON WELLS		NMNM100555		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.		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 Gas Well	Other			8 Well Name and No
	U Other			Cooper 31 Federal #2H
2. Name of Operator COG Production LLC				9 API Well No.
3a Address			30-015-36755	
2208 W. Main Street Artesia, NM 88210 575-748-6940		10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T, R., M, or Survey Description) Lat.		Rock Spur; Bone Spring		
660' FSL & 660' FEL Unit Letter P (SESE) Sec 31-25S-29E Long.		11 County or Parish, State		
12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DA			Eddy County NM	
	(5) TO INDICATE NATO		YPE OF ACTION	DATA
TYPE OF SUBMISSION			THE OF ACTION	
Notice of Intent	Acidize	Deepen	Production (S	Start/ Resume) Water Shut-off
	Altering Casing	Fracture Treat	Reclamation	Well Integrity
X Subsequent Report	Casing Repair	New Construction	Recomplete	X Other
	Change Plans	Plug and abandon	Temporanly A	Abandon Change of Operator
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispos	al
This is notification of Change of Operator on the above referenced well. COG Production LLC, as a new operator, accepts all applicable terms, conditions, stipulations and restrictions concerning				
operations conducted on this lease or portion of lease described.				
Change of Operator Effective: November 18, 2011		RECE	EIVED 8 2011	APPROVED DEC 2 6 2011
Former Operator: OGX Resources LLC				
SEE ATTACHED FOR CONDITIONS OF APPROVAL NMOCD ARTESIA BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE				
14. I hereby certify that the foregoing is true	and correct.	1		
Name (Printed/Typed)		Title.	ulotom: Analyst	
Mayte Reyes Regulatory Analyst				
Signature Date. 12/20/11				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE				
Approved by		Title		Date:
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 Office.				
which would entitle the applicant to conduct operations thereon Title 18 USC Section 1001 AND Title 43 USC Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United				
States any false, fictutiousor fraudulent statements or representations as to any matter within its jurisdiction				