Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED OM B No 1004-0137 Expires March 31, 2007

SUNDRY NOTICES AND REPORTS ON WELLS		5. Lease Serial No NMLC-049998A
Do not use th abandoned we	6 If Indian, Allottee or Tribe Name N/A	
SUBMIT IN TRI	7. If Unit or CA/Agreement, Name and/or No. N/A	
1. Type of Well Oil Well □ □	8. Well Name and No. Foster Eddy 36	
2. Name of Operator COG Operat	ing LLC	9. API Well No.
3a Address 550 W. Texas Ave., Sui	3b. Phone No. (include area code) ite 1300 Midland, TX 79701 432-685-4385	30-15- 39676
4. Location of Well (Footage, Sec.)		10. Field and Pool, or Exploratory Area Cedar Lake; Glorieta-Yeso
SHL 2345' FSL	& 2008' FEL Section 17, T17S, R31E, Unit J & 2310' FEL	11. County or Parish, State EDDY, NM
12. CHECK AF	PROPRIATE BOX(ES) TO INDICATE NATURE OF NO	TICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACT	TION
Notice of Intent Subsequent Report	Alter Casing Fracture Treat Recla Casing Repair New Construction Recon	water Shut-Off water Shut-Off Water Shut-Off Well Integrity Tother change Rig Layout worarily Abandon
Final Abandonment Notice		r Disposal
If the proposal is to deepen dire Attach the Bond under which th following completion of the inv	and Operation (clearly state all pertinent details, including estimated starting ctionally or recomplete horizontally, give subsurface locations and measure work will be performed or provide the Bond No. on file with BLM/BI olved operations. If the operation results in a multiple completion or recommal Abandonment Notices shall be filed only after all requirements, including for final inspection.)	ared and true vertical depths of all pertinent markers and zones. A. Required subsequent reports shall be filed within 30 days completion in a new interval, a Form 3160-4 shall be filed once
COG Operating respectful	lly requests permission to change the rig layout to Vdoor North	on the Foster Eddy #36 well location.
Attached for your review a	are a rig layout and interim reclamation diagram.	

OK g fat 2-8-12

RECEIVED FEB 1,6 2012 **NMOCD ARTESIA**

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)			
Caden M. Jameson		Permitting Specialist	
Signature	Date	02/08/2012	
THIS SPACE FOR FE	EDERAL OR	STATE OFFICE USE	
Approved by James a. Chry	7	Title FIELD MANAGER	Date 2.4./2
Conditions of approval, if any, are attached Approval of this notice do certify that the applicant holds legal or equitable title to those rights in twhich would entitle the applicant to conduct operations thereon.		Of OARLSBAD FIELD OFFI	CE

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction



