Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Artesia

FORM APPROVED OMB No 1004-0137 Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an						5 Lease Serial No NMNM115411			
						6 If Indian, Allottee, or Tribe Name			
	doned well. Use Form 3160					,			
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	I No			
2 Name of Operator COG Operating LLC					9 API Well No	y Scary Federal #5H			
3a Address			3b Phone No (include	de area code)	-	20.015.40041			
2208 W. Main Street			575-7	48-6946		30-015-40241			
Artesia, NM 88210 4 Location of Well (Footage, Sec., T., R.,	M. or Sumon Description				-1	l, or Exploratory Area			
	* * *	4C D 2	OT:	Lat.	11 County or Par	w Lake; Bone Spring			
SHL: 380' FSL & 990' FEL, Unit P (SESE) Sec 33-T24S-R28 BHL: 335' FNL & 900' FEL, Unit A (NENE) Sec 33-T24S-R.			Long			•			
				7. O.	Eddy	INIVI			
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU.	RE OF	NOTICE, REPO	RT, OR OTHER D	ATA				
TYPE OF SUBMISSION			TY	PE OF ACTION					
Notice of Intent	Acidize		Deepen	Production (St	art/ 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	Temporarily A	bandon	Completion Operations			
Final Abandonment Notice	Convert to Injection		Plug back	Water Disposa	1				
13 Describe Proposed or Completed Of If the proposal is to deepen direct Attach the Bond under which the vision of the involvence testing has been completed Final determined that the site is ready for final of the involvence of	tionally or recomplete horizonta work will performed or provide d operations If the operation r Abandonment Notice shall be	ally, give the Boresults in	ve subsurface location and No on file with an a multiple complet	ns and measured and the BLM/BIA Requion or recompletion in	true vertical dept uired subsequent re n a new interval,	ths or pertinent markers and sand eports shall be filed within 30 day a Form 3160-4 shall be filed on			
6/15/12 to 6/19/12 MIRU	VSU. Tagged DVT @ 2	694'.	Test csg to 4500	0#. Good test. C	irculate hole cl	lean. Clean down			

to FC @ 12600'. Circulate hole clean.

6/20/12 to 7/5/12 Perforate Bone Spring 8306-12582' (506). Acdz w/33093 gal 7 1/2% acid. Frac w/3328125# sand & 3138712 gal fluid.

7/20/12 RU. Check SICP. Bleed of pressure and begin flowing back & testing.

7/27/12 Set 2 7/8" tbg @ 7554'.

						<u>_</u>			
14 1 hereby certify that the foregoing is true and correct Name (Printed/ Typed)	Title								
Stormi Davis	TRIE	Regulatory Analyst	AOOF	TOTED	CUD DEU	'ARD I			
Signature Storm Acres	Date	8/6/12	HUUI	TILU	TUR REC	1			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE									
Approved by	Title			DatSEP	1 2012				
Conditions of approval, if any are attached Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lewhich would entitle the applicant to conduct operations there		JA	no						
Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crime States any false, fictitiousor fraudulent statements or representations as to any matter within its ju	ly to make	Tanty A departme	entlot) agency Postu D FIFI D OFFIC	ie LUnited F					
(Instructions on page 2)	1 7	0/111202							