

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.5. Lease Serial No.
NMNM7724

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: CHASITY JACKSON
E-Mail: cjackson@concho.com8. Well Name and No.
SANTA ELENA 19 FEDERAL 19. API Well No.
30-015-40567-00-X13a. Address
ONE CONCHO CENTER 600 WILLINOIS AVENUE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-686-308710. Field and Pool, or Exploratory
WILDCAT

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 19 T16S R30E SWNW 1650FNL 330FWL

11. County or Parish, and State

EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐
- Notice of Intent
-
- ☒
- Subsequent Report
-
- ☐
- Final Abandonment Notice

TYPE OF ACTION

- | | | | |
|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | Well Spud |
| <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 recomple 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.)

12/5/12 Spud 17-1/2 @ 2:30PM. TD 17-1/2 @ 419. Ran 10jts 13-3/8 H40 48# @ 419. 12/6/12 Cmt w/1400sx C. PD @ 8:36AM. Circ 565sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok.

12/10/12 TD 12-1/4 @ 2720. Ran 62jts 9-5/8 J55 40# @ 2720. Cmt w/550sx C. lead, 200sx C. tail.

12/11/12 PD @ 12:30AM. Ran temp survey, TOC @ 334. RIH w/1" cmt 100sx. Circ 33sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok.

12/11/12 TD 8-3/4 @ 3750. Drill 7-7/8 pilot hole.

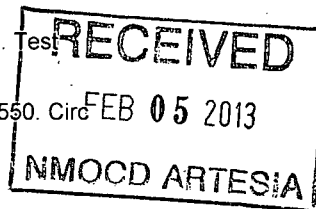
12/12/12 TD pilot hole @ 5550. Pump 1st KOP. TOH @ 4491. Circ 113sx. Pump 2nd KOP, TOH @ 3550. Circ 140sx.

12/18/12 Drill 8-3/4 curve KOP @ 3804. 12/21/12 TD curve 4610. Drill lateral.

12/28/12 TD 7-7/8 @ 8549MD 4303TVD.

12/29/12 Ran 84jts 7" 26# L80 XO @ 3764. 116jts 5-1/2 L80 17# @ 8549.

12/30/12 Cmt w/400sx C. lead, 400sx C. tail, 550sx H. PD @ 3:37AM. Circ 400sx to surf. WOC 24hrs.



14. I hereby certify that the foregoing is true and correct.

Electronic Submission #188147 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 01/24/2013 (13KMS4656SE)

Name (Printed/Typed) CHASITY JACKSON

Title PREPARER

Signature (Electronic Submission)

Date 01/22/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

ACCEPTEDJAMES A AMOS
Title SUPERVISOR EPS

Date 02/02/2013

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 Carlsbad

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #188147 that would not fit on the form

32. Additional remarks, continued

RR.