

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM 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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029419A
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: ROBYN ODOM E-Mail: rododm@concho.com		7. If Unit or CA/Agreement, Name and/or No. NMNM71030C
3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVE. MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4385	8. Well Name and No. SKELLY UNIT 739H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T17S R31E 1237FSL 330FWL		9. API Well No. 30-015-38343
		10. Field and Pool, or Exploratory FREN; GLORIETA-YESO
		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	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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 shall 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 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.)

COG Operating LLC respectfully requests permission to change the casing program as follows:
9-5/8" 40# J55 STC casing will be changed to 8-5/8" 32# J55 LTC and 7" x 5-1/2" tapered production casing w/ Peak Packers system will be changed to 5-1/2" 17# L80 LTC production casing cemented from TD to surface.
Intermediate hole size will be reduced from 12-1/4" to 11" and production hole size from surface to EOC (end of curve) will be reduced from 8-3/4" to 7-7/8". Later hole size will remain at 7-7/8".
8-5/8" intermediate cement volumes will remain the same. 5-1/2" production cement volume will be as follows: 1st lead 0-3400': 500sks 35:65:6 C poz plus additives 2.01 cu ft/sk, 12.5ppg 69% excess, 2nd lead 3400'-4723': 50:50:2 C:poz-gel plus additives 1.37 cf/sk, wt 14.0ppg 134% excess, tail 4723'-9616': 325sks Halco Class H Solucem-H 2.62 cu ft/sk, wt-15.0ppg 0% excess.

All other components of the drilling plan will remain the same.

Accepted for record
Accepted for record
Accepted for record
400 sk on 2nd lead

RECEIVED

APR 11 2013

NMOCD ARTESIA

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

Electronic Submission #201650 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 03/19/2013 ()

Name (Printed/Typed) ROBYN ODOM Title PERSON RESPONSIBLE

Signature (Electronic Submission) Date 03/15/2013

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 _____

APPROVED

APR 9 2013

BUREAU OF LAND MANAGEMENT

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.

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