Form 3160-5	OCD Artesia UNITED STATES DEPARTMENT OF THE INTERIOR					FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010		
(August 2007)								
BUREAU OF LAND MANAGEMENT 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. NMLC028731B		
						6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.						7. If Unit or CA/Agreement, Name and/or No. NMNM111789X		
1. Type of Well			8. Well Name and No. DODD FEDERAL UNIT 564					
2. Name of Operator COG OPERAT	CKSON	SON 9. API Well No. 30-015-40603-00-X1			-X1			
3a. Address ONE CONCHC MIDLAND, TX	. (include area code 6-3087				cploratory TA-UPPER YESO			
4. Location of Well	11. County or Parish, a			d State				
Sec 11 T17S R			EDDY COUNTY, NM					
12.	CHECK APPI	ROPRIATE BOX(ES) TO	) INDICATE	NATURE OF	NOTICE, R	EPORT, (	OR OTHER	DATA
TYPE OF SUB	TYPE OF SUBMISSION TYPE OF ACTION							
□ Notice of Intent		□ Acidize	🗖 Dee	Deepen		Production (Start/Resume)		UWater Shut-Off
Subsequent R	□ Alter Casing		—	Fracture Treat		□ Reclamation		U Well Integrity
Final Abandonment Notice		Casing Repair	—	Construction	—	□ Recomplete		☑ Other Well Spud
		-		g and Abandon 🔲 Tempo g Back 🔲 Water		rarily Abandon		
testing has been co determined that the 4/7/13 Spud 17 PD @ 12:30AN 4/9/13 TD 11 ( Circ 222sx. WC 4/12/13 TD 7-7 7:11PM. Circ 1	mpleted. Final Al e site is ready for f 7-1/2 @ 4:15PN A. Circ 202sx. V 9 994. Ran 23j DC 18hrs. Test 78 @ 4580. Ra 91sx. WOC 24	A. TD 17-1/2 @ 269. Ran NOC 18hrs. Test BOP to ts 8-5/8 J55 24# @ 994. ( BOP to 2000# for 30 min n 111jts 5-1/2 J55 17# @	ed only after all 6jts 13-3/8 H 2000# for 30/ Cmt w/300sx 1 ok. 2 4570. Cmt w	requirements, inclu 40 48# @ 269. nin, ok. C. lead, 200sx (	dinġ reclamatio 4/8/13 Cmt C. tail. PD @	on, have beer w/400sx C ) 1:54PM.		d the operator has
	ed for record							
*				MOCD		APR <b>30</b> 2013		
14. Thereby certify that the foregoing is true and correct.					DOB	NMOCI		DARTESIA
	Comm	Electronic Submission #	OPERATING L	C, sent to the C NY DICKERSON	Carlsbad on 04/23/201	-	618SE)	
Name (Printed/Typ	Title PREP	AKEK						
Signature	(Electronic S	Submission)		Date 04/19/2	2013			
		THIS SPACE FO	OR FEDER/	L OR STATE	OFFICE	JSE		
				JAMES A AMOS TitleSUPERVISOR EPS			Date 04/28/2013	
Conditions of approval, certify that the applican which would entitle the	Office Carlsbad							
		U.S.C. Section 1212, make it a statements or representations as				nake to any d	epartment or a	gency of the United
	** BLM REV	ISED ** BLM REVISE	D ** BLM R	EVISED ** BL	M REVISE	D ** BLM	REVISED	** qui