

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. NMLC029415B
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: ROBYN ODOM E-Mail: Rodom@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4385	8. Well Name and No. PUCKETT 12 FEDERAL 8H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T17S R31E 190FSL 626FEL		9. API Well No. 30-015-40737
		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

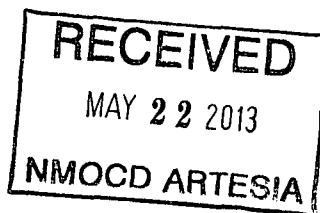
13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths 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 production string from cemented 7" X 5-1/2" csg. with peak packers to cemented 7" csg X cemented 5/1-2" csg. The casing will be cemented in a single string stage as follows: 1st lead slurry - 500sxs 35:65:6:C:poz:gel w/5% salt, 5pps LCM, 0.2%SMS, 0.3%FL-52A, 0.125pps CF (yield 2.01 cuft/sk, wt. 12.5ppg) 91% excess followed by 2nd lead - 400sxs 50:50:2:C:poz:gel w/5% salt, 3pps LCM, 0.6%SMS, 1%FL-25, 1%BA-58, 0.125pps CF, 0.3%FL-52A (yield 1.37 cuft/sk, wt. 14.0ppg)34% excess followed by tail slurry - 350sxs Class H Solucem-H (yield 2.62 cuft/sk, wt. 15.0ppg)2% excess.  
1st lead will cover from 3400' to surface (min tie-back 200' above 9-5/8" casing shoe but cement calculated to surface).  
2nd lead will cover from KOP 6123' to 3400'.  
Tail will cover from TD 11,165' to KOP 6123'.

Accepted for record

NMOC

LROcd 5/24/13



14. I hereby certify that the foregoing is true and correct.		Electronic Submission #207396 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 05/15/2013 ()	
Name (Printed/Typed)	ROBYN ODOM	Title	REGULATORY ANALYST
Signature	(Electronic Submission)	Date	05/14/2013
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
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  
MAY 21 2013  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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 \*\***

**Puckett 12 Federal 8H  
30-015-40737  
COG Operating LLC  
May 21, 2013  
Conditions of Approval**

**The original COAs still stand with the following changes:**

1. The minimum required fill of cement behind the **7 X 5-1/2** inch production casing is:

☒ Cement as proposed. Operator shall provide method of verification.

**JAM 052113**