		OC	D Artesia				
Form 3160- 5	UNITED STATES			FORM APPROVED			
(August, 2007)	DEPARTMENT OF	DEPARTMENT OF THE INTERIOR			OMB No. 1004- 0137		
	BUREAU OF LAND MANAGEMENT			Expires: July 31, 2010			
SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. NMNM114969			
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allottee, or Tribe Name			
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7. If Unit or CA. Agreement Name and/or No.			
1. Type of Well							
X Oil Well Gas Well Other				8. Well Name and No. Barn Owl Federal #3H			
2. Name of Operator COG Operating LLC				9. API Well N		<u>#3H</u>	
3a. Address 3b. Phone No. (include area code)				-	30-015-41283		
2208 W. Main Street 575-748 Artesia, NM 88210			-748-6946	48-6946		bol, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., N	l	Lat.		Welch; Bone Spring			
SHL: 380' FSL & 1890' FWL,	T26S-R27E	-R27E		11. County or Parish, State			
BHL: 332' FNL & 1807' FWL, Unit C (NENW) Sec 18-T26S-R27E				Ed	dy	NM ·	
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	RE OF NOTICE, REP	ORT, OR OTHER E	DATA			
TYPE OF SUBMISSION			TYPE OF ACTION			· 	
Notice of Intent	Acidize	Deepen	Production (S	start/ Resume)	Water Shut-o	ff	
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	,	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other		
	Change Plans	Plug and abandon	Temporarily A	Abandon		Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispos		<u> </u>	_	
13. Describe Proposed or Completed Op	······································				vork and approximate	duration thereof	
testing has been completed. Final determined that the site is ready for final i 6/26/13 Test 5 1/2" csg to 6 6/28/13 Perforate 11840-11 6/29/13 to 7/7/13 Perforate 2358636 gal fluid. 7/10/13 Began flowing back 7/11/13 Date of first produc	inspection.) 500# for 15 mins. Test 850' (60). Injection test Bone Spring 7706-1179 & & testing. tion.	good. Drilled out D into perfs.	VT & circulate cle	an. id. Frac w/3 RE(AU(045799# sand & CEIVED G 0 7 2013		
					D ARTESIA	<u> </u>	
14. I hereby certify that the foregoing is true a Name (<i>Printed' Typed</i>)	and correct.	I	ſ			. ·	
Stormi Davis	Title:	egulatory Analyst	ACCEP	TED EOB P	serubul		
Signature:	Deter						
	THIS SPACE F	OR FEDERAL OR		SF			
					AUG 3 201		
Approved by: Conditions of approval, if any are attached	Title:			Date:			
certify that the applicant holds legal or en which would entitle the appli	quitable title to those rights in			4	limo]	
Title 18 U.S.C. Section 1001 AND Title	e 43 U.S.C. Section 1212, ma	ke it a crime for any pe	rson knowingly and y		HOE LAND MANA		
States any false, fictitiousor fraudulent stateme (Instructions on page 2)	ents or representations as to any ma	atter within its jurisdiction.	(-[LSBAD FIELD OF	<u>FICE</u>	
x						2	
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