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Form 3160-5 UNITED STATES					FORM APPROVED			
(March 2012) DEPARTMENT OF THE INTERIOR					OMR No. 1004- 0137			
BUREAU OF LAND MANAGEMENT					Expires. October 31, 2014			
SUNDRY NOTICES AND REPORTS ON WELLS					5: Lease Serial No. NMNM97136			
Do not use this form for proposals to drill or to re-enter an					6. If Indian. Allett	6. If Indian. Alluttee, or Tribe Name		
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA.	Agreement Name and/or No		
I. Type of Well								
Oul Well Gas Well Other					8. Well Name and Min	No. rauder 31 Federal #2H		
2. Name of Operation COG Operating LLC					9. API Well No.			
3a. Address 3b. Phone No. (include area code)					30-015-41810			
2208 W. Main Street 575-748-6940					10. Field and Pool, or Exploratory Area			
4 Location of Well (Footuge, Sec., T., R., M., or Survey Description) Lat.					Gatuna Canyon; Bone Spring			
330' FNL & 1770' FWL Unit Letter C (NENW) Sec 31-19S-31E Long.					11. County or Parish, State Eddy County NM			
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE. REPORT, OR OTHER DA						ounty NM	1	
TYPE OF SUBMISSION TYPE OF ACTION								
X Notice of Intent				Production ( Start/ Resume) Water Shut-off				
	Altering Casing	Fractur	e Treat	Reclamation		Well Integrity		
Subsequent Report	Casing Repair	New C	onstruction	Recomplete		Other		
	X Change Plans		id abandon	Temporarily A	international in			
				Water Disposa				
13. Describe Proposed of Completed O		Plug ba				work and approximate duration	on thereo:	
Attach the Bond under which the following completion of the involved testing has been completed. Final determined that the site is ready for final in COG Operating LLC respect	l operations: If the operation re Abandonment Natice shall be aspection.)	sults in a r filed only a	nultiple completi ifter all require	ion or recompletion ements, including n	in a new interve columnation, have	al, a Form 3160-4 shall be been completed, and the op	filed one	
<ul> <li>11-3/4" intermediate will be</li> <li>The DVT/ECP in 8-5/8" int</li> </ul>		et @ 2200			,		· .	
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		Accep	ited for	record				
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NMOCD JC91414 RECEIVED 1 MAY 12 2014 NMOCD ARTES:A								
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14. I hereby certify that the foregoing is true as Name (Printed/Typed)	id correct.	1			APP	RUVED		
Mayte Reyes			Title: Regula	atory Analys				
Signature: Matte Kein Date: 5/5/14						6 /2MA	T	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Anneaved by:		<u> </u>	Title		Uman	ABAANTOENALIT	PIC	
Approved by: Conditions of approval, if any are attache					BIREAU OF CARLSE	AT FIELD OFFICE		
	icant to conduct operation	ons thereo	п.	Ĺ	1-1-1			
Title 18 U.S.C. Section 1001 AND Title States any false, figtitiousor fraudulent statemer				n knowingly and w	diffully to make a	ny department or agency of t	the United	
(Instructions on page 2)		July 1						