Form 3160-5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137

Expires: July 31, 2010

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SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				5. Lease Serial No. NMNM105217 6. If Indian, Allottee, or Tribe Name		
						abandoned well. Use Form 3160-3 (APD) for such proposals.
SUBMIT IN	TRIPLICATE - Other Ins	tructions on page 2.		7. If Unit or CA	A. Agreement Name and/or No.	
· X Oil Well Gas Well Other				8. Well Name and No.		
2. Name of Operator				Blue Thunder 5 Federal Com #5H		
COG Operating LLC 3a. Address		3b. Phone No. (inclu-	da area coda)	9. API Well No		
2208 W. Main Street			575-748-6946		30-015-42016	
Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lat.	10. Field and Pool, or Exploratory Area Hackberry; Bone Spring, North		
SHL: 1630' FSL & 255' FW	· · · · · · · · · · · · · · · · · · ·	Γ19S-R31E		11. County or F		
BHL: 1885' FSL & 350' FW			Long.	Edo	ly NM	
12. CHECK APPROPRIATE BO	X(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER DA	ATA		
TYPE OF SUBMISSION		Т	YPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Sta	Start/ Resume) Water Shut-off		
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other	
الحرا	Change Plans	Plug and abandon	Temporarily Ab	andon	Completion Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal			
13. Describe Proposed or Completed				ny proposed w	ork and approximate duration thereof	
3/21/14 to 3/26/14 MIRU 4/29/14 to 5/1/14 Perforat 4844952 gal fluid. 5/4/14 Began flowing bacl 5/8/14 to 5/9/14 Drilled of 5/14/14 to 5/15/14 Set 2 7 5/18/14 Date of first produ	e Bone Spring 9102-13490 k & testing. ut all CFP's. Circulate clea /8" 6.5# L-80 tbg @ 8243	0' (504). Acdz w/857 an. '. Place well on pump	20 gal 7 1/2% acid	1. Frac w/65		
14. Thereby certify that the foregoing is tru Name (Printed/ Typed)	e and correct.	Title:				
Stormi Davis		Reg	ulatory Analyst		ovals will	
Signature:	and	Date: 5/18	3/14	<u> al.</u> N	A approvals will ty be reviewed ed	
	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE I'C	ending usen	th pe,	
Approved by:		Title:		subsequent and scann	ed	
Conditions of approval, if any are attac certify that the applicant holds legal or				and 20-		
which would entitle the ap	plicant to conduct operate 43 U.S.C. Section 1212, mak		n knowingly and willfu	= \	department or agency of the United	
States any false, fictitiousor fraudulent states (Instructions on page 2)			- Income, and willing	,	, aspenditure of agency of the office	