· Form 3160- 5 (August, 2007)

## UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED
OMB No. 1004- 0137

BUREAU OF LAND MANAGEMENT					Expires: July 31, 2010			
SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an				5. Lease Serial No.  NMNM115411  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 C	A. Agreement Name an	d/or No.		
1. Type of Well    X   Oil Well   Gas Well	Other			8. Well Name	and No.			
	U out			Really Scary Federal #4H				
2. Name of Operator  COG Operating LLC				9. API Well N		αι π+11		
3a. Address 3b. Phone No. (include area code				1	30-015-41670	n		
2208 W. Main Street Artesia, NM 88210	575-7	575-748-6946		10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T., R.,		Lat.		Willow Lake; Bone Spring				
SHL: 250' FSL & 2293' FEL	T24S-R28E	BE		11. County or Parish, State				
BHL: 328' FNL & 2029' FEL, Unit B (NWNE) Sec 33-T24S-R28E			Long.	Ed	dy	NM		
12. CHECK APPROPRIATE BOX	K(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER D	ATA				
TYPE OF SUBMISSION TYPE OF ACTION								
Notice of Intent	Acidize	Deepen	Production ( St	tart/ Resume) Water Shut-off				
	Altering Casing	Fracture Treat	Reclamation		Well Integrit	у		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other			
	Change Plans	Plug and abandon	Temporarily Al	bandon Completion Operations				
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal	1				
3/21/14 to 5/2/14 MIRU.	Test csg to 8550# Good	test Perforate Rone	Spring 8273-1261	0' (506) A	cdz w/63390 gal			
7 1/2% acid. Frac w/32612	-		opring 0275 1201	0 (500). 11	edz wrossoo gar			
5/3/14 Began flowing back & testing.								
5/6/14 1st date of production.				LACC	EPTED FO	ID DECOD		
5/9/14 to 5/10/14 Drill out all frac plugs. Clean out to PBTD & circulate clean. 5/14/14 Set 2 7/8" 6.5# tbg @ 8230' & pkr @ 7570'. Installed gas lift system.				Moc	LITLUTU	in recult		
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743041910C 1C414CO1CC			SERVATION DISTRICT		JUN 22	2014		
CMM	CD	7.11.1.2.2.5			100	2011		
		JUN 3	0 2014		yuno			
14. I hereby certify that the foregoing is true	e and correct.	<b> </b>		60	CADLODAD SUE	NANAGEMENT		
Name (Printed/Typed)		Title RECE		1-/	CARLSBAD FIEL	D OFFICE		
Stormi Davis		Reg	ulatory Analyst	$\overline{}$				
Signature:	beind	Date: 5/30						
	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE US	E				
Approved by:		Title:	•		Date:			
Conditions of approval, if any are attack		s not warrant or			<del></del>			
	olicant to conduct opera	tions thereon.						
Title 18 U.S.C. Section 1001 AND Title States any false fictitiousor fraudulent staten			n knowingly and willfi	ılly to make a	ny department or age	ncy of the United		

(Instructions on page 2)