UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD Artesia

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5.	Lease Serial No.	
	NMNM97136	

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use th abandoned we	6. If Indian, Allottee or	6. If Indian, Allottee or Tribe Name						
SUBMIT IN TRI	7. If Unit or CA/Agree	7. If Unit or CA/Agreement, Name and/or No.						
Type of Well Gas Well	8. Well Name and No. MARAUDER 31 F	8. Well Name and No. MARAUDER 31 FEDERAL 3H						
· 2. Name of Operator COG OPERATING LLC	9. API Well No. 30-015-41569							
3a. Address 2208 WEST MAIN ARTESIA, NM 88210		3b. Phone No. Ph: 575-7	o. (include area code 48-6946	:)	10. Field and Pool, or I GATUNA CANY	10. Field and Pool, or Exploratory GATUNA CANYON; BS		
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)			11. County or Parish, and State				
Sec 31 T19S R31E Mer NMP	NWNE 330FNL 1650FEL		EDDY COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATI	E NATURE OF 1	NOTICE,	REPORT, OR OTHER	RDATA		
TYPE OF SUBMISSION	N							
☐ Notice of Intent	☐ Acidize	☐ Acidize ☐ De		eepen 🗖 Produc		■ Water Shut-0	Off	
	☐ Alter Casing	☐ Fra	cture Treat	□ Recl	amation	■ Well Integrit	у	
Subsequent Report	Casing Repair	□ Nev	w Construction	☐ Reco	omplete	Other		
☐ Final Abandonment Notice	Change Plans	Plu	g and Abandon	□ Tem	porarily Abandon	•		
	Convert to Injection	☐ Plu	g Back	⊠ Wate	er Disposal	·		
If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fine Required Information for the Day of the	ck will be performed or provide to operations. If the operation restorted in the operation restorted in the operation of the	the Bond No. o ults in a multip d only after all er: pring bWPD . anks	n file with BLM/BIA le completion or recc requirements, includ	A. Required completion in ling reclama	I subsequent reports shall be for a new interval, a Form 3160 ation, have been completed, a stock for record NMOCD NMOIL CONS	Tiled within 30 days 1-4 shall be filed onc and the operator has ERVATION ETRICT		
b) Name of facility or well name & number: Cedar Lake 36 State #1 (Order SWD-1275) c) Type of facility or well: WDW d) Location by 1/4, 1/4, Section, Township & Range: NESW, Sec 36-T17S-R30E DEC 3 0 2014								
RECEIVED								
14. I hereby certify that the foregoing is	Electronic Submission #25	58309 verifie PERATING LI	d by the BLM Wel LC, sent to the Ca	li Informat arisbad	tion System			
5	Committed to AFMSS for	by DINAH NEGRE	ETE on 11	/22/2014 ()				
Name(Printed/Typed) STORMID	DAVIS		Title PREPA	RER	· · · · · · · · · · · · · · · · · · ·	•		
Signature (Electronic S	ubmission)		Date 08/26/20	014	ACCEPTED FOR	RECORD		
	THIS SPACE FOR	R FEDERA	L OR STATE	OFFICE	USE			
Approved By	Title		10V 24	2014 Date—				
Conditions of approval, if any, are attached certify that the applicant holds legal or equi which would entitle the applicant to conduc	itable title to those rights in the s	Office		BUREAU OF LAND M CARLSBAD FIELD	MAGEMENT OFFICE			
Fitle 18 U.S.C. Section 1001 and Title 43 I	LS.C. Section 1212 make it a cr	rime for any ne	rson knowingly and	willfully to	make to any department or a	gancy of the United		