

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTCarlsbad Field Office  
COO ArtesiaFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018File Serial No.  
NMLC065928A**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator COG OPERATING LLC		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701		8. Well Name and No. LITTLEFIELD 33 FEDERAL COM 808H
3b. Phone No. (include area code) Ph: 575-748-6952		9. API Well No. 30-015-45169-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T26S R29E 250FSL 781FWL 32.000797 N Lat, 103.995674 W Lon		10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)
		11. County or Parish, State EDDY COUNTY, NM

**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

10/19/18 Spud well. TD 14 3/4" surface hole @ 575'. Set 10 3/4" 45.5# HCL-80 BTC csg @ 575'. Cmt w/500 sx lead. Tailed in w/250 sx. Did not circ cmt. WOC 6 hrs. Cement 1" w/ 455 sx, circ 105 sx to surface. Test BOP. Test csg to 1500# for 30 minutes.

**NM OIL CONSERVATION  
ARTESIA DISTRICT****FEB 08 2019**

10/27/18 TD 9 7/8" intermediate hole @ 10147'. Set 7 5/8" 29.7# HCL-80 BTC csg @ 10147'. DVT set @ 2744'. Cmt 1st stage w/635 sx lead. Tailed in w/300 sx. Did not circ cmt. Cmt 2nd stage w/1400 sx lead. Tailed in w/150 sx. Circ 76 sx to surface. WOC 8 hrs. Suspend Operations.

12/26/18 Resume operations. Test BOP, test csg to 1500# for 30 minutes.

**RECEIVED**

1/15/19 TD 6 3/4" lateral @ 18005' (KOP @ 10322'). Set 5" 18# P110 RY CC CDC-HTQ and 5 1/2" 23# P-110RY CC CDC HTQ csg @ 18005'. Cmt w/733 sx lead. Tailed in w/800 sx. Did not circ cmt.

**Accepted For Record  
NMOCD**

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #451389 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 01/29/2019 (19PP0803SE)</b>	
Name (Printed/Typed) <b>BOBBIE GOODLOE</b>	Title <b>REGULATORY ANALYST</b>
Signature (Electronic Submission)	Date <b>01/22/2019</b>

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date <b>FEB 01 2019</b>
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.	Office _____	/s/ Jonathon Shepar

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*****ENTERED**  
2-12-19

**Additional data for EC transaction #451389 that would not fit on the form**

**32. Additional remarks, continued**

1/18/19 Rig Released