

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA



FORM APPROVED  
OMB No 1004-0137  
Expires March 31, 2007

**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 reverse side.**

1 Type of Well ☒ Oil Well ☐ Gas Well ☐ Other **AUG - 6 2008**

2 Name of Operator **COG Operating LLC** **OCD-ARTESIA**

3a Address **550 W. Texas Ave., Suite 1300 Midland, TX 79701** 3b. Phone No. (include area code) **432-685-4340**

4 Location of Well (Footage, Sec, T., R., M., or Survey Description)  
**SEC 21, T17S, R31E, UL K SHL 2558 FSL & 1448 FWL BHL 2310 FSL & 1650 FWL**

5 Lease Serial No  
**NM-98122**

6 If Indian, Allottee or Tribe Name

7 If Unit or CA/Agreement, Name and/or No.  
**NMNM - 71030C**

8 Well Name and No.  
**SKELLY UNIT #1002 602**

9. API Well No.  
**30-015- 36596**

10. Field and Pool, or Exploratory Area  
**Loco Hills; Glorieta Yeso**

11. County or Parish, State  
**EDDY, NM**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 <b>Request Name</b>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	<b>change</b>
	<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 recompleate 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 shall be filed within 30 days following completion of the involved operations If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection )

**COG respectfully requests permission to change this well name from the Skelly Unit 1002 to the Skelly Unit 602.**  
**This request is made because the OCD system does not accept 4 digit numbers.**  
**An updated plat is attached for your review.**

**APPROVED**

**AUG 2 2008**

**JAMES A. AMOS**  
**SUPERVISOR-EPS**

14 I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

**Phyllis A. Edwards**

Title **Regulatory Analyst**

Signature

*Phyllis A. Edwards*

Date

**07/29/2008**

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

Approved by

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

Title

Date

Office

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)

# State of New Mexico

Energy, Minerals and Natural Resources Department

## DISTRICT I

1625 N FRENCH DR., HOBBS, NM 88240

## DISTRICT II

1301 W GRAND AVENUE, ARTESIA, NM 88210

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

1220 S ST FRANCIS DR., SANTA FE, NM 87505

## OIL CONSERVATION DIVISION

1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

## WELL LOCATION AND ACREAGE DEDICATION PLAT

(1) AMENDED REPORT

API Number	Pool Code	Pool Name	Well Number
30-015-	26770	FREN; GLORIETA YESO	602
Property Code	Property Name	Operator Name	Elevation
	SKELLY UNIT	COG OPERATING, LLC	3762'
OGRID No.	Surface Location		
229137			

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	21	17-S	31-E		2558	SOUTH	1448	WEST	EDDY

### Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	21	17-S	31-E		2310	SOUTH	1650	WEST	EDDY

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
40			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

### OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division

*Phyllis A. Edwards* 7-29-08  
Signature Date

Phyllis A. Edwards  
Printed Name  
Regulatory Analyst

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

MAY 15, 2008  
Date Surveyed REV 5/30/08 AR  
Signature & Seal of Professional Surveyor

*Ronald J. Eidson*  
08.14.0751

Certificate No GARY EIDSON 12641  
RONALD J. EIDSON 3239

SURFACE DETAIL  
3752.8' 3768.3'  
600'  
600'  
3765.2' 3793.7'

BOTTOM HOLE LOCATION  
Y=6619731 N  
X=6400766 E

GEODETIC COORDINATES  
NAD 27 NME  
SURFACE LOCATION  
Y=6622197 N  
X=6398733 E

TAI 32.819702° N  
LONG 103.878026° W