

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

AUG 24 2009

OCD Artesia

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

**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.**

5. Lease Serial No.  
NM-100555

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE – Other instructions on page 2.**

7. If Unit of CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.  
Cooper "31" Federal #1H

2. Name of Operator  
OGX Resources LLC

9. API Well No.  
30-015-36282

3a. Address  
P. O. Box 2064  
Midland, Texas 79702

3b. Phone No. (include area code)  
432/685-1287

10. Field and Pool or Exploratory Area  
Brushy Draw Delaware

4. Location of Well (Footage, Sec., T, R, M., or Survey Description)

660' FNL & 660' FEL (A), Sec. 31, T25S, R29E, N M P M

11. Country or Parish, State  
Eddy County, New Mexico

**12. CHECK THE 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 must 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 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.)

Set RBP over 1st Bone Spring lateral at +/- 5800' & test. Perf Delaware 5234' to 5252' w/38 shots. Acidize production test zone.

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

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

Shelley Bush

Title Regulatory Clerk

Signature

*Shelley Bush*

Date 07/16/2009

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

Approved by

*Dustin Winkler*

Title

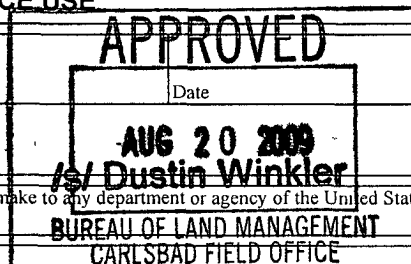
Date

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

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)



**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

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102

Revised October 12, 2005

Submit to Appropriate District Office

State Lease - 4 Copies

Fee Lease - 3 Copies

☐ AMENDED REPORT**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-015-36282	<sup>2</sup> Pool Code 8080	<sup>3</sup> Pool Name Brushy Draw Delaware
<sup>4</sup> Property Code	<sup>5</sup> Property Name Cooper "31" Federal	<sup>6</sup> Well Number 1H
<sup>7</sup> OGRID No. 217955	<sup>8</sup> Operator Name OGX Resources LLC	<sup>9</sup> Elevation 2976'

<sup>10</sup> Surface Location

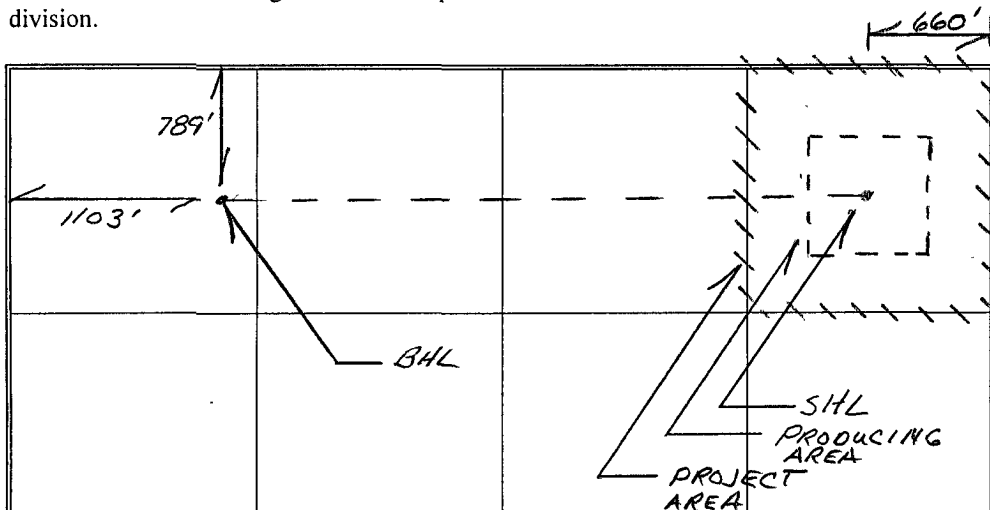
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	31	25S	29E		660	North	660	East	Eddy

<sup>11</sup> 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
D	31	25S	29E		660	North	330	West	Eddy

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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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.

<sup>17</sup> OPERATOR CERTIFICATION

I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Jeff Birkelbach* 7/16/09  
Signature Date

Jeff Birkelbach  
Printed Name

<sup>18</sup> 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.

Date of Survey

Signature and Seal of Professional Surveyor.

Certificate Number

OGX Resources LLC  
NM-100555: Cooper "31" Federal #1H  
API 30-015-36282  
660' FNL & 660' FEL, Sec. 31-T25S-R29E  
Eddy County, New Mexico

RE: Recompletion requirements, Conditions of Approval

1. Surface disturbance beyond the pad must have prior approval.
2. Operator did not specify mud – 9 ppg mud suggested.
3. A 2M BOP must be installed according to manufacturer recommendations, and tested.
4. A closed loop system is required.
5. RBP should be tested to 500psi.
6. A subsequent report, 3160-4 completion report, and new well diagram must be submitted.
7. Prior to removing the RBP, a down hole commingle request must be made and approved.

DHW 082009