Form 3160-5 (August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artes a

FORM APPROVED OMB NO. 1004-0135

Expires. July 31, 2010	
Lease Serial No. NMNM0397623	
If Indian, Allottee or Tribe Name	

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.					NMNM0397623  6. If Indian, Allottee or Tribe Name				
SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No								
1. Type of Well Gas Well Of	8. Well Name and No. FOLK FEDERAL 29								
2 Name of Operator COG OPERATING LLC	9. API Well No. 30-015-37880								
3a Address 550 WEST TEXAS AVE, STE MIDLAND, TX 79701	3b. Phone No. Ph: 432-68	(include area code 5-4385	)	10. Field and Pool, or Exploratory LOCO HILLS; GLORIETA-YESO					
4. Location of Well (Footage, Sec,	T., R, M, or Survey Description)			11. County or Parish, a	Parish, and State				
Sec 17 T17S R30E 1890FNL 29			-	EDDY COUNTY,	, <b>NM</b>				
12. CHECK APP	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF 1	NOTICE, RI	EPORT, OR OTHER	DATA		_	
TYPE OF SUBMISSION			TYPE OI	F ACTION				_	
Notice of Intent	□ Acidize	Deep Deep	en	□ Product	ion (Start/Resume)	□ Water S	Shut-Of	<del>f</del>	
Same Same Same Same Same Same Same Same	☐ Alter Casing	□ Fract	ure Treat	□ Reclama	ation	□ Well In	tegrity		
☐ Subsequent Report	.   Casing Repair	□ New	Construction	□ Recomp	lete	Other			
☐ Final Abandonment Notice	Change Plans	□ Plug	and Abandon	□ Tempor	arily Abandon				
	Convert to Injection	□ Plug	Back	☐ Water D	· Disposal				
13 Describe Proposed or Completed Or If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involve testing has been completed. Final A determined that the site is ready for COG Operating respectfully resection II:	nally or recomplete horizontally, giver will be performed or provide the operations. If the operation results bandonment Notices shall be filed final inspection.)	ve subsurface I ne Bond No on Its in a multiple only after all r	ocations and measurile with BLM/BIA completion or recompletion or recompletion includes the completion of the completion of the completion of the completion and the completion and the completion are completed as a completion and the complete are completed as a complete are complete	ared and true versions. Required substitution in a substitution in a substitution in a substitution reclamation.	ertical depths of all pertine bsequent reports shall be new interval, a Form 3160	ent markers ar filed within 3 3-4 shall be fil	nd zones 0 days led once	S.	
FROM: V-DOOR EAST TO: V-DOOR WEST Soud	h west = Parallel	Buried F	ipeline		RECEIV	ED			
/,o This request for change is du	e to a buried pipeline too ck	ose to the S	outh side.		0CT <b>21</b> 20 NMOCD ART				
14 Thereby certify that the foregoing i									
	Electronic Submission #92 For COG OPI	2897 verified ERATING LL	by the BLM Well C, sent to the Ca	l Information arlsbad	System				
Name (Printed/Typed) ROBYN ODOM			Title PERSON RESPONSIBLE						
Signature (Electronic	Date <b>09/15/2</b>	010				_			
	THIS SPACE FOR	RFEDERA	OR STATE	OFFICE US	SE			_	
	on Peterson		little Date				20	=- 2010 	
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to conditions.	uitable title to those rights in the s	ot warrant or ubject lease	Office	CARLSBAD	FIELD OFFICE			administrative .	

