Form 3160- 5 (August, 2007)

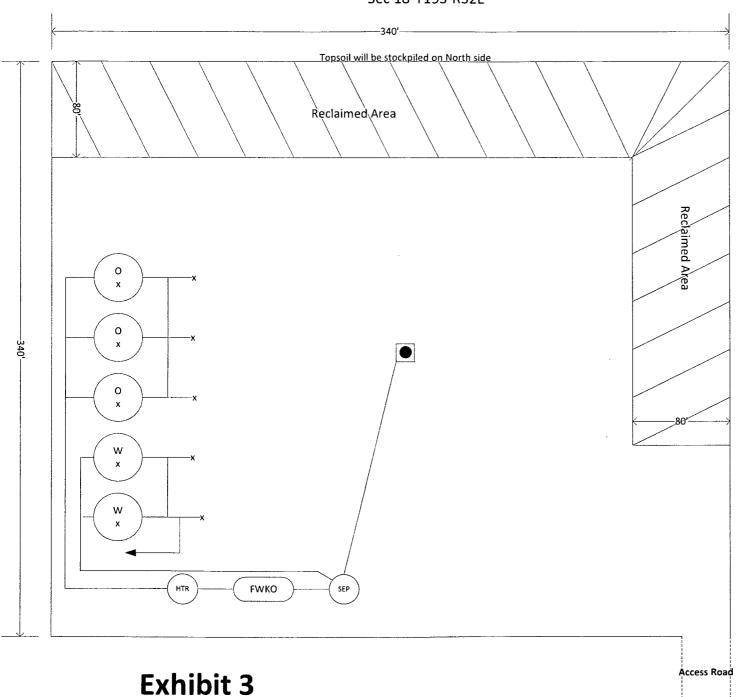
## UNITED STATES DEPARTMENT OF THE INTERIOR

OCD Hobbs	FORM APPROVED
OCD Hobbs	OMB No. 1004- 0137
See OCIP	Expires: July 31, 2010

	BUREAU OF LAND	MANAGEMENT	- SON OCL	þ	Expires: July 31, 201	0
D0 1	NDRY NOTICES AND not use this form for propodened well. Use Form 316	outs to arm or to re emi	neale		NMNM77053 ttee, or Tribe Name	
	TRIPLICATE - Other Ins	structions on page 2.	RECEIVED	7. If Unit or CA.	Agreement Name and	d/or No.
Type of Well Gas Well Gas Well Gas Well	Other			8. Well Name an		
2. Name of Operator		Melanic Parker		Craz	y Horse Federa	al #1H
COG Operating LLC  3a. Address	Email: m	parker@concho.com  3b. Phone No. (include)		9. Ari Wellino.		
2208 W. Main Street		1			30-025-41389	)
Artesia, NM 88210		3/3-/	48-6940	10. Field and Poo	ol, or Exploratory Are	ea
4. Location of Well (Footage, Sec., T., R.,	M., or Survey Description)	Lat.		<del></del>	Lusk; Bone Spr	ing
Sec 18 T19S R32E 330	' FNL & 190' FWL	Long.		11. County or Pa Lea		NM
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER DA	ATA		
TYPE OF SUBMISSION		TY	YPE OF ACTION			
X Notice of Intent	Acidize	Deepen	Production ( Sta	rt/ Resume)	Water Shut-o	off
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	y
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
	Change Plans	Plug and abandon	Temporarily Ab	andon		
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal			
13. Describe Proposed or Completed Of If the proposal is to deepen direct Attach the Bond under which the following completion of the involve testing has been completed. Final determined that the site is ready for final COG respectfully requests put that will be on the East side identified reclamation will see the complete of the co	ctionally or recomplete horizont work will performed or provide d operations. If the operation Abandonment Notice shall be linspection.)  Dermission to change the and to set the meter, the	ally, give subsurface location the Bond No. on file with results in a multiple complet filed only after all require Production Facility La tanks need to be on the	ns and measured and the BLM/ BIA. Requion or recompletion in ments, including reclan	true vertical depired subsequent a new interval, nantion, have be	oths or pertinent n reports shall be file a Form 3160-4 s en completed, and	narkers and sands ed within 30 day hall be filed onc the operator ha

14. I hereby certify that the foregoing is true and correct.		
Name (Printed/Typed)		
Amy Avery	Title: Regulatory Technician	
Signature: Amy Avery	Date: 12/5/13	1
THIS SPA	ACE FOR FEDERAL OR STATE OFFICE USE	30
Approved by: Jomes a. Com	Title: SEPS	Date: 1-49-14
Conditions of approval, if any are attached. Approval of this not		
certify that the applicant holds legal or equitable title to those ri which would epititle the applicant to conduct	ights in the subject lease Office: CPD	
Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 12	212, make it a crime for any person knowingly and willfully to mak	te any department or agency of the United
States any false, fictitiousor fraudulent statements or representations as to		
(Instructions on page 2)		

## Production Facility Layout Crazy Horse Federal #1H Sec 18-T19S-R32E





COG Operating LLC 2208 W Main St Artesia, NM 88210

## North



## Legend

- 9 = 500 BBL Steel Oil Tank
- w = 500 BBL Water Tank
- = 6'x20' Heater