Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Hobbs HOBBS OCD

FORM APPROVED OMB No. 1004- 0137

Expires: July 31, 2010

1111 1 4 2014

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 IVED						NMNM06413 6. If Indian, Allottee, or Tribe Name			
1. Type of Well X Oil Well						8. Well Name and No.			
2. Name of Operator					Prickly Pear 6 Federal #2H				
COG Operating LLC						9. API Well No.			
3a. Address 2208 W. Main Street	3b.	3b. Phone No. (include area code)			30-025-41572				
Artesia, NM 88210			575-748-6946			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R.,	200 D25E	Lat.			WC-025 G-07 S203506D; Bone Spring				
SHL: 190' FNL & 1750' FEL, BHL: 343' FSL & 1931' FEL,		Long			11. County or Parish, State Lea NM		NM		
12. CHECK APPROPRIATE BOX				RT, OR OT	HER DA	L		14(4)	
TYPE OF SUBMISSION	<u> </u>		T	YPE OF AC	TION				
Notice of Intent	Notice of Intent Acidize		Deepen Production (S			rt/ Resume)	Water Shut-	-off	
	Altering Casing		ture Treat		Reclamation		Well Integri		
X Subsequent Report	Casing Repair		Construction		Recomplete		Other		
X Subsequent Report	Change Plans		and abandon		Temporarily Abandon			·······	
					-	andon			
	Final Abandonment Notice Convert to Injection Describe Proposed or Completed Operation (clearly state all pertinent d		back		r Disposal				
Required Information for 1) Name of formation produce 2) Amount of water produce 3) How water is stored on le 4) How water is moved to d 5) Disposal Facility: a) Facility Operator Nam b) Name of facility or we c) Type of facility of wel d) Location by 1/4, 1/4, 5	the Disposal of Production water on lease: Bored in barrels per day: 20 ease: 2 - 500 bbl fibergla isposal facility: Pipeline e: COG Operating LLC ell name & number: West: WDW Section, Township & Ra	ne Spring 00 BWPD ass tanks c c st Pearl 36	5 State SWD		1375)	JUL Jan BUREAU OF L	FOR RE 5 2014 AND MANAGE OFFICE	MENT	
14. I hereby certify that the foregoing is true Name (<i>Printed/Typed</i>)	and correct.		1						
Stormi Davis Regulatory Analyst									
Signature:	~	-	Date: 5/15	5/14					
	THIS SPACE I	FOR FEDE			ICE US				
Approved by:			Title: Pet	roleum E	noine	pr Da	te:		
Approved by: Conditions of approval, if any are attach			nt or	weath E	<u> तहास</u>	Da			
	licant to conduct oper	rations the	reon.			<u> </u>	16		
Title 18 U.S.C. Section 1001 AND Titl States any false, fictitiousor fraudulent statem				on knowingly	and willfu	illy to make any	department or ag	ency of the United	
(Instructions on page 2)									