Form 3160- 5 (August, 2007)

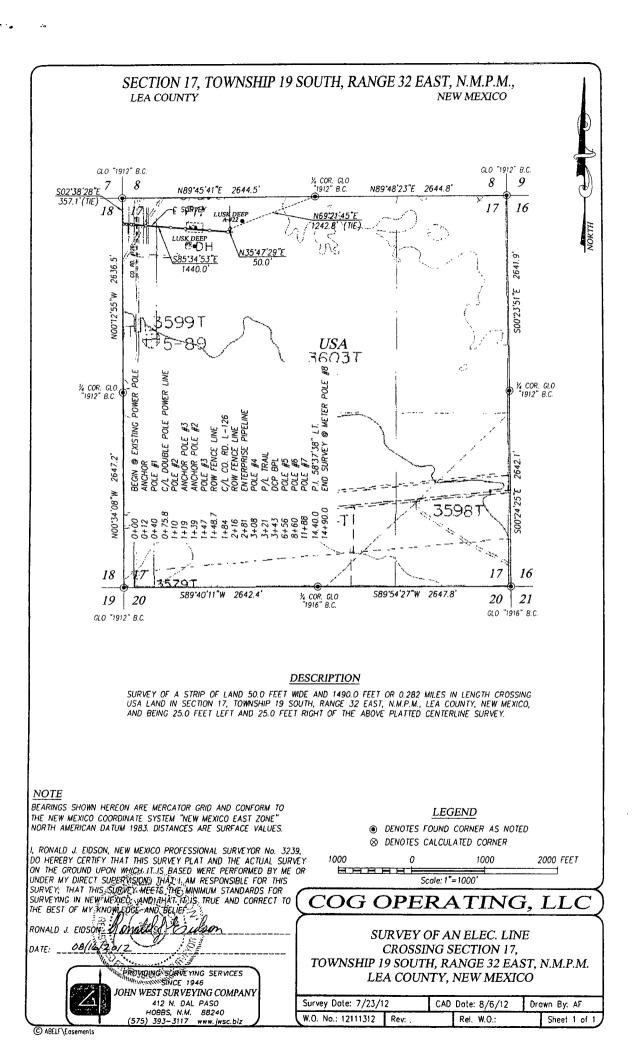
UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Hobbs)
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FORM APPROVED

OMB No	. 10	04-	013	7
Expires:	July	31.	201	C

		•	•	5. Lease Seria	l No.		
\$	SUNDRY NOTICES AND R	REPORTS ON	WELLSEC 1 0 20	4	NMNM025	566	
U	o not use this form for proposa andoned well. Use Form 3160-3	us to ariii or to re	e-enter an	6. If Indian, A	llottee, or Tribe Na	me	
	IN TRIPLICATE - Other Instr			7. If Unit or C	A. Agreement Nam	ne and/or No.	
Type of Well				-			
Oil Well Gas Well	Other			8. Well Name		+ A #22H	
2. Name of Operator COG Operating LLC				9. API Well N	usk Deep Unit	[A #22H	
3a. Address		3b. Phone No.	(include area code)	7	30-025-40	705	
2208 W. Main Street Arteria NM 88210		75-748-6940	10. Field and Pool, or Exploratory Area				
Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lat.		Lusk; Bone Spring		
330' FNL and 100' FWL, Unit C, S		Long.	Long		11. County or Parish, State		
				Lea C	ounty	NM	
	OX(S) TO INDICATE NATURI	E OF NOTICE, R		DATA —————			
TYPE OF SUBMISSION			TYPE OF ACTION				
X Notice of Intent	Acidize	Deepen	Production (Start/ Resume)	Water S	hut-off	
	Altering Casing	Fracture Treat	Reclamation		Well Int	egrity	
Subsequent Report	Casing Repair	New Constructi	on Recomplete		X Other		
_	Change Plans	Plug and aband	on Temporarily	Abandon	El	ectric Line	
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispos	al			
to the existing power line	oposes to construct a buried e e in the NW/NW of Section 1 0 feet wide and 1490.0 feet lo	7, T19S-R32 E	Lea County, New M				
14. I hereby certify that the foregoing is Name (Printed/ Typed) Monti Sanders Signature:	indero-	Title: Date:	Regulatory Technici 8/31/12 R STATE OFFICE U				
		TOLIVAL O	FIELD MANAGER		חרם	5 2012	
Conditions of approval if any are at	Don Peterson tached. Approval of this notice does	Title:			Date: DEC	3 4014	
certify that the applicant holds legal which would entitle the	or equilible title to those pents in the approximation of the second of	subject lease Officens—thereon.			anu do		
States any false, fictitiousor fraudulent sta	tements or representations as to any matte	r within its jurisdiction	person knowingly and wil	muliy to make a	my department or	agency of the Unit	
(Instructions on page 2)							





Google earth

feet 2000 meters 600