

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

HOBBS OCD

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.*

MAR 26 2013

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

RECEIVED

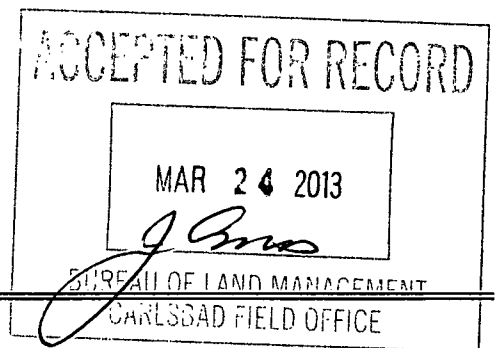
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM016497
2. Name of Operator COG Operating LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6946	7. If Unit or CA. Agreement Name and/or No. Lusk Deep Unit A #24H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 330' FNL & 660' FWL, Lot 1 (NWNW) Sec 19-T19S-R32E BHL: 349' FSL & 703' FWL, Lot 4 (SWSW) Sec 19-T19S-R32E		9. API Well No. 30-025-40863
Lat. Long.		10. Field and Pool, or Exploratory Area Lusk; Bone Spring
		11. County or Parish, State Lea NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering 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 type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	Completion Operations
	<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 recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

1/13/13 to 1/18/13 MIRU. Set CBP @ 13600'. Test to 3000#. Perforate 13560-13570' (60). Injection test into perfs.  
2/26/13 to 2/28/13 Perforate Bone Spring 9400-13492' (460). Acdz w/30161 gal 7 1/2% acid; Frac w/2991727# sand & 2386404 gal fluid.  
3/1/13 Began flowing back & testing.



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

Stormi Davis

Title: Regulatory Analyst

Signature:

Date: 3/4/13

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

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:

APR 05 2013

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 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)