Form 3160-5 HOBBS OCD							
Form 3160- 5	UNITED STAT		OCD Hobbs		FORM APPROVED		
Form 3160- 5 (August, 2007) MAY 0 8 2013	DEPARTMENT OF THE			OMB No. 1004- 0137 Expires: July 31, 2010			
MAL	BUREAU OF LAND MANAGEMENT			5. Lease Serial No.			
RECEVES UNDRY NOTICES AND REPORTS ON WELLS				NMLC061936 6. If Indian, Allottee, or Tribe Name			
abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allo	b. It indian, Anotee, of The Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7. If Unit or CA.	7. If Unit or CA. Agreement Name and/or No.		
1. Type of Well X Oil Well Gas Well Other				8. Well Name an	8. Well Name and No.		
2. Name of Operator				Dos XX 27 Federal Com #1H			
COG Production LLC 3a. Address					30-025-40090		
2208 W. Main Street		575-748-6946			bl, or Exploratory Area		
Artesia, NM 88210 4. Location of Well (Pootage, Sec., T., R.,	L Location of Well (<i>Pootage</i> , Sec., <i>T.</i> , <i>R.</i> , <i>M.</i> , or Survey Description)				WC-025 G-06 S253201M; Bone Spring		
SHL: 440' FNL & 440' FEL, Unit A (NENE) Sec 27-T24S-R32E				11. County or Pa	-		
	Unit P (SESE) Sec 27-T24S-R3				N	M	
12. CHECK APPROPRIATE BOX TYPE OF SUBMISSION	(S) TO INDICATE NATURE OF		TYPE OF ACTION				
Notice of Intent		Deepen		Start/ Resume)			
	Altering Casing	Fracture Treat			Well Integrity		
X Subsequent Report	Casing Repair	New Construction			X Other		
		Plug and abandon			Drill Out CFP's & G	las Connect	
I3. Describe Proposed or Completed	Convert to Injection	Plug back	Water Dispos		t and approximate dur	ntion thorsof	
4/17/13 to 4/18/13 Drill ou	at CFP's. Circulate clean.						
4/19/13 to 4/21/13 Set 2 7/	/8 6.5# L-80 tbg @ 9005' & pki	r@ 8995'. Ins	tall gas lift system	. Connect gas t	to sales.		
	50 1						
			I AN	UPELIED	CEPTED FOR RECORD		
				MAY 5 2013			
					16		
					LAND MANAGEMEI	NT	
14. I hereby certify that the foregoing is true Name (Printed/ Typed)	e and correct.	<u> </u>			AD FIELD OFFICE		
Stormi Davis		Title:	egulatory Analyst				
Signature:		Deter	25/13	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
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		Tida	<u></u>	D	····		
Approved by: Conditions of approval, if any are attack certify that the applicant holds legal or				Da			
Title 18 U.S.C. Section 100 AD Tit			rson knowingly and wil	Ifully to make any	department or agency of	of the United	
States any false, fictitiousor fraudabat staten (Instructions on page 2)						<u>→</u>	
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