Form 3160- 5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS OCD	FORM
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FORM APPROVED

			OMB No. 1004- 01
 	_	مامام	Evnirac: October 21

		BUREAU OF LAND	MANA	JEMENT	NOV 12	2 <u>013</u>	spires: October 31, 2014		
		RY NOTICES AND					NMNM104076		
		use this form for propo ed well. Use Form 3160			IZEL PIN	E If Indian, Allon	ee. or Tribe Name		
==	SUBMIT IN TR	IPLICATE - Other Ins	tructions	on page 2.		7. If Unit or CA.	Agreement Name and/or No	. /	
1.	Type of Well Gas Well Gas Well	Other				8. Well Name and	I No.		
2.	Name of Operator					Warhay	vk 3 Federal Com #	¹ 1H	
	COG Operating LLC					9. API Well No.			
3a.	Address 2208 W. Main Street		3b.	Phone No. (include 575/-74	le area code) 18-6946	30-025-40635 10. Field and Pool or Exploratory Area			
_	Artesia, NM 88210 Location of Well (Footage, Sec., T., R., M., o	or Summy Description			Lat.				
	SHL: 780' FNL & 170' FWL, Un		T195_R32	F /	Lat.	11. County or Par	; Bone Spring, Eas		
	BHL: 355' FNL & 333' FEL, Uni				Long.	Lea	/ NI	Л	
		PPROPRIATE BOX(ES			RE OF NOTICE,	-1		· · · · · · · · · · · · · · · · · · ·	
	TYPE OF SUBMISSION			TY	PE OF ACTION				
	Notice of Intent	Acidize	Dee	pen	Production (S	tart/ Resume)	Water Shut-off		
	_	Altering Casing	Frac	cture Treat	Reclamation		Well Integrity		
	X Subsequent Report	Casing Repair	Nev	v Construction	Recomplete		X Other		
		Change Plans	Plug	g and abandon	Temporarily A	bandon	Completion Ope	erations	
	Final Abandonment Notice	Convert to Injection	Plug	g back	Water Disposa	.1			
	8/17/13 to 8/25/13 Install test Perforate Bone Spring 9650-13 9/9/13 to 9/10/13 Drilled out f	plug & test to 9500#. 1907' (506). Acdz w/3	3756 gal						
	9/12/13 Set 2 7/8" 6.5# L-80 ti			mp.		ACCEPTED FOR BEARING			
	9/13/13 Began flowing back &	testing.		•		ACCEPTED FOR RECORD			
9/15/13 Date of 1st production.				ECEIVED				7	
			1	CT 3 1 201			OCT 27 2013		
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			LINING	CO ADTE	SIA	EURFAU	OF LAND MANAGEN	J MENT	
<u></u>	I hereby certify that the foregoing is true and	correct				Z.ARI	SBAD EIEFD OELIGE		
	ne (Printed/ Typed)	eoneet.		1					
	Stormi Davis		 	Title: Regu	ılatory Analyst				
Si	ignature:	ins		Date: 9/27/	/13				
_			OR FEDI		ATE OFFICE US	SE ,			
	proved by: aditions of approval, if any, are attached.	Approval of this notice doe	s not warra	Title:		Dane	:		
cert leas	ify that the applicant holds legal or ec e which would entitle the app	uitable title to those rights licant to conduct oper	in the su rations the	bject Office: reon.					
	e 18 U.S.C. Section 1001 and Title 43 res any false, fictitiousor fraudulent statements				knowingly and willfu	ally to make any o	department or agency of	the United	

(Instructions on page 2)

DEC 09 2013