Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR

OCD Hobbs
HOBBS OCD

FORM APPROVED OMB No. 1004- 0137

	BUREAU OF LANI			1	Expires: July 31, 2010		
CII	NIDDV MOTICES AND	DEDODTS ON UP	LISFFR 202	Lease Serial No). \[\d\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
SUNDRY NOTICES AND REPORTS ON WELLS FEB 2 0 26 Do not use this form for proposals to drill or to re-enter an					NMNM108976 6. If Indian, Allottee, or Tribe Name		
D0 ;	doned well. Use Form 316	Jans to arm or to re-em	CI GII				
SUBMIT IN	TRIPLICATE - Other In	structions on page 2.	KECEIVE	有. If Unit or CA. A	Agreement Name and/o	r No.	
I Type of Well Y Oil Well Gas Well Other				8. Well Name and	No		
X Oil Well Gas Well			Outlaw 22 Federal Com #1H				
Name of Operator COG Operating LLC				9. API Well No.	22 rederal Col	Π π 111	
3a. Address	3b. Phone No. (include area code)			30-025-40725			
2208 W. Main Street		575-7	48-6940				
Artesia, NM 88210 Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lat.		10. Field and Pool, or Exploratory Area Teas; Bone Spring		
SHL: 660' FNL & 1980' FEL	2-T20S-R33E	20S-R33E		11. County or Parish, State			
BHL: 652' FSL & 1926' FEL	, , ,		Long.	Lea		NM	
. CHECK APPROPRIATE BOX	``		ORT, OR OTHER D	ATA			
TYPE OF SUBMISSION		.	YPE OF ACTION				
			·				
Notice of Intent	Acidize	Deepen	Production (St	art/ Resume)	Water Shut-off		
	Altering Casing	Fracture Treat	Reclamation		Well Integrity		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other		
	Change Plans	Plug and abandon	Temporarily Al	bandon	Completion (Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal	1			
10/15/12 MIRU testers. In 10/25/12 Set CBP @ 1488 12/3/12 to 12/4/12 MIRU.	2' & test to 5841# for 10 Perforate Bone Spring	mins. Perforate 1485 11103-14798' (360). A	` '	jection test into	perfs.		
7 1/2% acid; Frac w/29994 12/6/12 Drilled out 9 of 10			rfs Circulata clas	n.			
12/8/12 to 12/15/12 Set 2	0		ris. Circulate cica				
12/20/12 Began flowing ba				CEDIED FOR DECCOR			
			الماأأ	CEPTED FOR RECORD			
				EED 1	0 0010		
				FEB 1	8 2013		
				1/2		j	
. I hereby certify that the foregoing is true	and correct		- A	IREAL DE LAN	ID MANAGEMEN	 	
me (Printed/ Typed)	, and 5511541 .				TELD OFFICE	41	
Stormi Davis		Title: Reg	ulatory Analyst				
Signature:		Date: 1/10	7/12	1/1	5		
die la	THIS SPACE I	OR FEDERAL OR ST		F	JAN I 5	2071 -	
	THE OF ACE		etroleum Engu		JAN A		
proved by: nditions of approval, if any are attach	ned Approval of this notice doe		etroieum engi	Date	e:		
rtify that the applicant holds legal or	equitable title to those rights in	the subject lease Office:	20 English States (States States Stat	•			
tich would entitle the app tile 18 U.S.C. Section 1001 AND Title		ations thereon. ke it a crime for any perso	on knowingly and willfi	ully to make any	department or agenc	y of the Unite	
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