

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

OCD Hobbs

JAN 15 2014

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.*

RECEIVED

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM120908
2. Name of Operator COG Production LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210		7. If Unit or CA. Agreement Name and/or No.
3b. Phone No. (include area code) 575-748-6946		8. Well Name and No. Azores Federal #3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 190' FSL & 1980' FWL, Unit N (SESW) Sec 29-T24S-R32E BHL: 354' FNL & 1921' FWL, Unit C (NENW) Sec 29-T24S-R32E		9. API Well No. 30-025-41158
Lat. Long.		10. Field and Pool, or Exploratory Area WC-025 G06 S253206M; 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Production (Start/ Resume)
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Plug and abandon
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug back
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	Completion Operations

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 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.)

11/4/13 to 11/5/13 MIRU testers. Install test plug. Test to 9500#. Good test. Tested backside to 1000#. Good test.

Ran CBL - TOC @ 2000'.

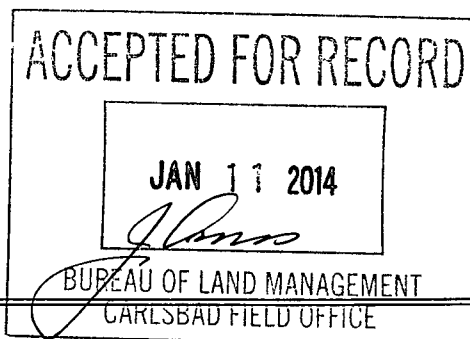
11/20/13 to 11/22/13 Perforate Bone Spring 10703-14977' (396). Acdz w/68706 gal 7 1/2% acid; frac w/3321993# sand & 2414664 gal fluid.

11/25/13 Drilled out all frac plugs.

12/2/13 Ran tbg & pkr. Test csg to 1500#. Began flowing back & testing.

12/3/13 Date of 1st production.

12/22/13 Set 2 7/8" 6.5# L-80 tbg @ 10147' & placed well on pump.



14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed)

Stormi Davis

Title:

Regulatory Analyst

Signature:

Date:

1/6/14

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Petroleum Engineer

Date:

JAN 23 2014

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:

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)

JAN 23 2014