Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

HOBBS OCD	FORM APPROVED			
	OMB No. 1004- 0137			
1010	Expires: July 31, 2010			

SUI	NDRY NOTICES AND	REPOR'	TS ON WE	WAI 10	5. Lease Serial N	NMNM120908		
Do n	ot use this form for propos	sals to dri	ll or to re-ent	er an	Of Indian, Allot	ttee, or Tribe Name		
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA. Agreement Name and/or No.			
1. Type of Weil				-				
Oil Well Gas Well Other 2. Name of Operator				8. Well Name and	d No. 1dward Federal #2H			
2. Name of Operator COG Production LLC				9. API Well No.				
3a. Address 2208 W. Main Street	3b. Phone No. (include area code)				30-025-41408			
Artesia, NM 88210		575-748-6946			10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Lat. SHL: 190' FNL & 1750' FWL, Unit C (NENW) Sec 30-T24S-R32E			Lat.	WC-025 G06 S253206M; Bone Spring 11. County or Parish, State				
BHL: 370' FSL & 2373' FWL, Unit N (SESW) Sec 31-T24S-R32E Long.				Lea	NM			
12. CHECK APPROPRIATE BOX				RT, OR OTHER DA	<u> </u>			
TYPE OF SUBMISSION		TYPE OF ACTION						
Notice of Intent	Acidize	Dec _i	oen	Production (Sta	art/ Resume)	Water Shut-off		
	Altering Casing	Frac	ure Treat	Reclanation		Well Integrity		
X Subsequent Report	Casing Repair	New	Construction	Recomplete		Other		
	Change Plans	Plug	and abandon	Temporarily At	pandon	1		
Final Abandonment Notice	Convert to Injection	Plug	back	X Water Disposal				
Required Information for 1) Name of formation produce 2) Amount of water produce 3) How water is stored on le 4) How water is moved to di 5) Disposal Facility #1: a) Facility Operator Nam b) Name of facility or we c) Type of facility of wel d) Location by 1/4, 1/4, S Disposal Facility Operator Nam b) Name of facility or we c) Type of facility of wel d) Location by 1/4, 1/4, S	the Disposal of Produce cing water on lease: Bond in barrels per day: 100 ase: 2 - 500 bbl fiberglas sposal facility: Trucked e: COG Production LLC ll name & number: Turq l: WDW Section, Township & Ran e: Mesquite SWD, Inc. ll name & number: Bran l: WDW	d Water e Spring 0 BWPD s tanks uoise 30 ge: SEN	: Federal SWI E, Sec 30-T2 (SWD-649-	D #1 (SWD-1203) 24S-R32E -B)		en completed, and the operator has		
14. I hereby certify that the foregoing is true	and correct.							
Name (Printed Typed) Stormi Davis			Title:	ulatory Analys				
Signature: Signature:			Regulatory Analyst					
	THIS COACE E	UD EEDE	المراجع		ट ान्स्ची			
Approved by: THIS SPACE FOR FEDERAL OR STATE OFFICE USE Title: Petroloum Engineer, Date:								
Approved by: Conditions of approval, if any are attached			t or	a oroun engm	eer Dat	e:		
	icant to conduct operat	tions ther	eon.		17			
Title 18 U.S.C. Section 1001 AND Title States any false, fictitiousor fraudulent statement				n knowingly and willfu	illy to make any	department or agency of the United		
(Instructions on page 2)	5. representations as to any limit		,		Lu.			