

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED  
OMB NO. 1004-0135  
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.****SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMM120908
2. Name of Operator COG PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6948	8. Well Name and No. KING TUT FEDERAL 1H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T24S R32E Mer NMP NWNW 190FNL 330FWL		9. API Well No. 30-025-41542
		10. Field and Pool, or Exploratory COTTON DRAW; BONE SPRING
		11. County or Parish, and State LEA COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) 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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with 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 Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

7/17/14 Spud well. TD 17 1/2" hole @ 815'. Set 13 3/8" 54.5# J-55 csg @ 815'. Cmt w/500 sx Class C. Tailed in w/250 sx. Circ 282 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

7/21/14 TD 12 1/4" hole @ 4575'. Set 9 5/8" 40# J-55 csg @ 4575'. Cmt w/1450 sx Class C. Tailed in w/250 sx. Circ 656 to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

8/14/14 TD 8 3/4" lateral @ 18083' (KOP @ 7780'). Set 5 1/2" 17# P-110 csg @ 18083'. Set DVT @ 6496'. Cmt Stage 1 w/400 sx Class C. Tailed in w/2500 sx. Circ 140 sx. Cmt Stage 2 w/1150 sx Class C. Tailed in w/100 sx. Circ 50 sx.

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #258134 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 02/11/2015.</b>		<b>ACCEPTED FOR RECORD</b>	
Name (Printed/Typed) STORMI DAVIS	Title PREPARER		
Signature (Electronic Submission)	Date 08/25/2014	FEB 12 2015	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>			
Approved By _____		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.			

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

FEB 19 2015

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**Additional data for EC transaction #258134 that would not fit on the form**

**32. Additional remarks, continued**

8/18/14 Rig released.