OCD-ARTESIA

Form 3160-5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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					5 Lease Serial No	
				SHL: NM96849, BHL: NM13997 6 If Indian, Allottee, or Tribe Name		
abandoned well. Use Form 3160-3 (APD) for such proposals.					01100, 0. 11100 1 tall	
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7 If Unit or CA	A Agreement Name and/or No	
1 Type of Well						
X Oil Well Gas Well Other				8 Well Name and No		
Name of Operator				Rocket Federal #5H 9 API Well No		
COG Operating LLC 3a Address 3b. Phone No (include area code)				AFT WEILING		
2208 W. Main Street		, '	575-748-6946		30-015-37778	
Artesia, NM 88210		. 3/3-//	373-748-0940		ool, or Exploratory Area	
4 Location of Well (Footage, Sec., T., R., A.	Lat.	, ,		anyon; Bone Spring, South		
180' FSL & 1980' FEL, Unit O (SWSE)		Long.	Long.		Parish, State	
Sec 3-T26S-R29E	(C) TO DIDIO (TO) (ATT)	IND ADVIORIAN DEDA	D.T. O.D. O.T. I.E.D. F.	Edd	ly NM	
12 CHECK APPROPRIATE BOX	(S) TO INDICATE NATU		<u> </u>	DATA		
TYPE OF SUBMISSION		T	YPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (S	itart/ Resume)	Water Shut-off	
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other	
<u></u>	Change Plans	Plug and abandon	Temporarily A	Abandon	Completion Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispos	al		
13 Describe Proposed or Completed O		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			
8/27/10 Rig released. 5/2/11 to 5/3/11 MIRU WS 5/4/11 to 5/22/11 Perforate 2789601 gal fluid. 5/31/11 to 6/1/11 MI CTU 6/2/11 to 6/14/11 Flowing to 6/15/11 SIWOPL. Accepted for	e Bone Spring 7800-119 & drill out all frac plugs	80'. Acdz w/34085 ga	1 15% acid. Frac	CEPTED JUL SUREAU OF L		
14 I hereby certify that the foregoing is true	and correct				,	
Name (Printed/ Typed)	Title	. 1.4 A . 1				
Stormi Davis Regulatory Analyst				-		
Signature Signature	zus	Date 6/23		<u> </u>		
	I HIS SPACE I	FOR FEDERAL OR ST	ATE OFFICE U	SE T		
Approved by		Title		Į.	Date	
Conditions of approval, if any are attached certify that the applicant holds legal or ewhich would entitle the applicant	equitable title to those rights in licant to conduct oper	the subject lease Office rations thereon				
Title 18 U.S.C Section 1001 AND Title	3 43 U.S.C. Section · 1212, ma	ike it a crime for any perso	n knowingly and wil	Ifully to make an	y department or agency of the United	