

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.**

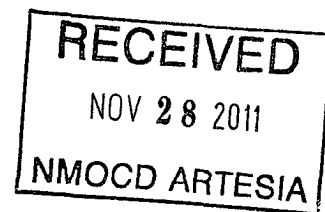
| | |
|---|---|
| 1 Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 8 Well Name and No. FOLK FEDERAL 16 |
| 2 Name of Operator COG OPERATING LLC | Contact: NETHA AARON E-Mail: aaaron@concho.com |
| 3a. Address 550 WEST TEXAS SUITE 100 MIDLAND, TX 79701 | 3b. Phone No. (include area code) Ph: 432-818-2319 Fx: 432-685-4396 |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T17S R29E 1090FNL 330FEL 32.838709 N Lat, 104.088952 W Lon | 10 Field and Pool, or Exploratory EMPIRE, GLOR-YESO, EAST |
| | 11 County or Parish, and State EDDY 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 checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Deepen |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Alter Casing |
| | <input type="checkbox"/> Fracture Treat |
| | <input type="checkbox"/> Casing Repair |
| | <input type="checkbox"/> New Construction |
| | <input type="checkbox"/> Change Plans |
| | <input type="checkbox"/> Plug and Abandon |
| | <input type="checkbox"/> Convert to Injection |
| | <input type="checkbox"/> Plug Back |
| | <input type="checkbox"/> Production (Start/Resume) |
| | <input type="checkbox"/> Reclamation |
| | <input type="checkbox"/> Recomplete |
| | <input type="checkbox"/> Temporarily Abandon |
| | <input type="checkbox"/> Water Shut-Off |
| | <input type="checkbox"/> Well Integrity |
| | <input checked="" type="checkbox"/> Other Drilling Operations |
| | <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 recompletion 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.)

10/02/11 MIRU Tested BOP to 3500# for 30 min, Good.
10/04/11 Perf Lower Blinbry @ 4950 - 5200 w/1 SPF, 26 holes.
10/05/11 Acidized w/2500 gals 15% HCL Frac w/115,002 gals gel, 145,397#
16/30 White sand, 30,169# 16/30 SiberProp Set CBP @ 4920.
Perf Middle Blinbry @ 4640 - 4890 w/1 SPF, 26 holes.
Acidized w/2500 gals 15% HCL. Frac w/114,904 gals gel, 143,548# 16/30 White sand, 26,932# 16/30 SiberProp Set CBP @ 4610.
Perf Upper Blinbry @ 4330 - 4580 w/1 SPF, 26 holes. Acidized w/2500 gals 15% HCL. Frac w/114,049 gals gel, 146,109# 16/30 White sand, 30,779# 16/30 SiberProp. Set CBP @ 4250
Perf Paddock @ 3970 - 4220 w/1 SPF, 26 holes. Acidized



| | |
|--|---------------------------------|
| 14 I hereby certify that the foregoing is true and correct Electronic Submission #123803 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad | |
| Name (Printed/Typed) NETHA AARON | Title AUTHORIZED REPRESENTATIVE |
| Signature (Electronic Submission) | Date 11/21/2011 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|-------------|--------------|
| Approved By _____ | Title _____ | Date _____ |
| 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 ****

CAVALOZ DRILLING

P O. BOX 1500 (575) 3910699 FAX (575) 391- 3824 HOBBS, NEW MEXICO 88241

30-D15-39268

INCLINATION REPORT

DATE: 9/19/11

WELL NAME AND NUMBER FOLK FED #16
LOCATION EDDY COUNTY
OPERATOR: COG LLC
DRILLING CONTRACTOR: CAVALOZ DRILLING RIG #2

THE UNDERSIGNED HEREBY CERTIFIES THAT HE IS AN AUTHORIZED REPRESENTATIVE OF THE DRILLING CONTRACTOR WHO DRILLED THE ABOVE DESCRIBED WELL AND THAT HE HAS CONDUCTED DEVIATION TEST AND OBTAINED THE FOLLOWING RESULTS:

| DEGREE | DEPTH | DEGREE | DEPTH | DEGREE | DEPTH |
|--------|-------|--------|-------|--------|-------|
| 1.1 | 107 | 1.1 | 3770 | | |
| 0.5 | 200 | 0.7 | 4152 | | |
| 1.4 | 294 | 1.2 | 4626 | | |
| 0.9 | 584 | 0.1 | 5201 | | |
| 0.1 | 939 | | | | |
| 0.8 | 1433 | | | | |
| 1.1 | 1918 | | | | |
| 1.7 | 2295 | | | | |
| 1.3 | 2867 | | | | |
| 1.6 | 3290 | | | | |

DRILLING CONTRACTOR:
CAVALOZ DRILLING

BY: Bob Wegner
BOB WEGNER
DRILLING SUPERINTENDENT

SUBSCRIBED AND SWORN TO BEFORE ME ON THE 19th DAY OF Sept., 2011

MY COMMISSION EXPIRES: 02/01/15

Jessica Bueno



OFFICIAL SEAL
JESSICA BUENO
NOTARY PUBLIC - STATE OF NEW MEXICO
My commission expires: 02/01/15