## (August, 2007)

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

OCD Artesia

FORM APPROVED OMB No 1004-0137

Expires July 31, 2010 Lease Senal No

SUNDRY	NOTICES AND RE	LPORTS ON WELLS
		4. 191 4 4

SUNDRY NOTICES AND REPORTS ON WELLS					MINIMINIM		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.					6 If Indian, Allottee, or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7 If Unit or CA Agreement Name and/or No.		
1 Type of Well  X Oil Well Gas Well Other				8 Well Name and No			
2. Name of Operator COG Production LLC					9 API Well No	oper 31 Federal #4H	
3a Address			3b Phone No (inclu	de area code)	711 ((011))	30-015-39343	
2208 W. Main Street Artesia, NM 88210			575-748-6940		10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec, T, R, M, or Survey Description)		Lat.		Brushy Draw; Delaware North			
730' FEL & 1830' FSL Unit Letter L (NWSW) Sec 31-25S-29E Long.				11 County or Pa Eddy Co			
12 CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	RE OF	NOTICE, REPO	RT, OR OTHER D	ATA		
TYPE OF SUBMISSION			T	YPE OF ACTION			
Notice of Intent	Acidize		Deepen	Production ( St	art/ Resume)	Water Shut-off	
•	Altering Casing		Fracture Treat	Reclamation		Well Integrity	
X Subsequent Report	Casing Repair		New Construction	Recomplete		X Other	
	Change Plans		Plug and abandon	Temporarily Ab	andon	Change of Operator	
Final Abandonment Notice	Convert to Injection		Plug back	Water Disposal			
This is notification of Change COG Production LLC, as a roperations conducted on this	new operator, accepts al	l applic	able terms, con		Accepted NM(	for record  CD  tions concerning	
Bond Coverage: BLM Bond	i File No: NMB006 <del>97</del> 0	740				APPROVED	
Change of Operator Effectiv	e: November 18, 2011		RE	CEIVED		THOTES	
Former Operator: OGX Resources LLC			DE	EC 28 2011		DEC 2 6 2011	
SEE ATTACHED FOR NMOCD ART				CD ARTESIA		J.D. Whitlory	
CONDITIONS	OF APPROVAL	ب				REAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE	
14 I hereby certify that the foregoing is true : Name (Printed/ Typed)	and correct		1				
Mayte Reyes			Title Reg	ulatory Analyst			
Signature Signature	Ken	·	Dete	20/11			
<u> </u>	THIS SPACE I	OR F		ATE OFFICE US	E		
Approved by			Title		D	ate	
Conditions of approval, if any are attached certify that the applicant holds legal or e	quitable title to those rights in		arrant or				
Title 18 USC Section 1001 AND Title				n knowingly and willf	illy to make any	y department or agency of the United	

States any false, fictitiousor fraudulent statements or representations as to any matter within its jurisdiction