## Form 3160- 5 (August, 2007)

(Instructions on page 2)

## OCD Artesia UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004- 0137

Expires July 31, 2010 Lease Senal No

## SUNDRY NOTICES AND REPORTS ON WELLS

NMNM120895

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  V Oil Well Gas Well Other				8 Well Name an	od No.	
				Patron 23 Federal #1H		
2 Name of Operator COG Production LLC				9 API Well No		
3a Address	3b Phone No (inc	Bb Phone No (include area code)		30-015-36776		
2208 W. Main Street		575	575-748-6940		10 Field and Pool, or Exploratory Area	
Artesia, NM 88210  4 Location of Well (Footage, Sec., T, R, M, or Survey Description)		Lat	Lat.		Corral Draw; Bone Spring	
990' FNL & 560' FWL Unit Letter D (NWNW) Sec 23-25S-29E		Long.	Long.		urish, State	
12 CHECK APPROPRIATE BOX(	S) TO INDICATE NATU	RE OF NOTICE, REP	ORT, OR OTHER D			
TYPE OF SUBMISSION			TYPE OF ACTION			
Notice of Intent	Acidize	Deepen	Production ( S	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 A	bandon	Change of Operator	
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposa	1		
This is notification of Change COG Production LLC, as a n operations conducted on this	ew operator, accepts al	l applicable terms, co	onditions, stipulatio	ns and restrict	ions concerning	
Bond Coverage: BLM Bond File No: NMB006970				A	PPROVED	
Change of Operator Effective	e: November 18, 2011	REC	CEIVED			
Former Operator: OGX Reso	ources LLC	DEC	<b>28</b> 2011		DEC 2 6 2011	
SEE ATTACH	IED FOR	NMOC	D ARTESIA		1.0.2 Litlork 9	
CONDITIONS OF APPROVAL				BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE		
14. I hereby certify that the foregoing is true a Name (Printed/ Typed)	nd correct.	<u> </u>				
Mayte Reyes		Title D	egulatory Analyst			
Signature MA	Da	D-4-				
The state	TOPIS SPACE	OR FEDERAL OR	2/20/11 STATE OFFICE US	E		
Approved by  Conditions of approval, if any are attached	d Approval of this notice doe	Title.		Da	<u>te</u>	
certify that the applicant holds legal or eq which would entitle the applicant	uitable title to those rights in cant to conduct oper	the subject lease Office ations thereon				
Title 18 U.S.C. Section 1001 AND Title States any false, fictitiousor fraudulent statement			rson knowingly and willi	ully to make any	department or agency of the United	