

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.**

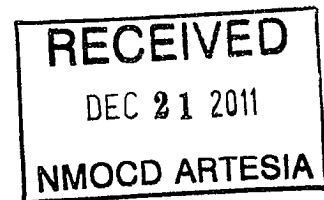
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMNM0397623
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: NETHA AARON E-Mail: oaaron@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 550 WEST TEXAS SUITE 100 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-818-2319 Fx: 432-685-4396	8. Well Name and No. FOLK FEDERAL 27
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T17S R29E 1783FNL 2404FWL 32.836815 N Lat, 104.097267 W Lon		9. API Well No 30-015-39274
		10. Field and Pool, or Exploratory EMPIRE;GLORIETA-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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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.)

10/27/11 Tested BOP to 3500# for 30 min, Good.  
10/28/11 Perf Lower Blinbry @ 4950 - 5200 w/1 SPF, 26 holes.  
10/31/11 Acidized w/2500 gals 15% HCL. Frac w/111,000 gals gel, 143,811#  
16/30 White sand, 29,302# 16/30 CRC. Set CBP @ 4920  
Perf Middle Blinbry @ 4640 - 4890 w/1 SPF, 26 holes.  
Acidized w/2500 gals 15% HCL. Frac w/112,000 gals  
gel, 145,049# 16/30 White sand, 27,441# 16/30 CRC. Set CBP @ 4610.  
Perf Upper Blinbry @ 4330 - 4580 w/1 SPF, 26 holes. Acidized  
w/2500 gals 15% HCL. Frac w/110,000 gals gel, 146,483# 16/30 White  
sand, 26,902# 16/30 CRC. Set CBP @ 4230.  
Perf Paddock @ 3950 - 4200 w/1 SPF, 26 holes. Acidized w/3000 gals 15%  
HCL. Frac w/108,000 gals gel, 127,176# 16/30 White sand, 27,811# 16/30



14 I hereby certify that the foregoing is true and correct <b>Electronic Submission #126335 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad</b>	
Name (Printed/Typed) NETHA AARON	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 12/20/2011

**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 \*\***