

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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 abandoned well. Use Form 3160-3 (APD) for such proposals.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**COG Operating LLC**

3a. Address  
**2208 W. Main Street  
 Artesia, NM 88210**

3b. Phone No. (include area code)  
**575-748-6946**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**SHL: 330' FNL & 1880' FWL, Unit C (NENW) Sec 19-T26S-R26E  
 BHL: 327' FSL & 1960' FWL, Unit N (SESW) Sec 31-T26S-R26E**

Lat.  
 Long.

5. Lease Serial No.  
**NMNM108463**

6. If Indian, Allottee, or Tribe Name

7. If Unit or CA. Agreement Name and/or No.

8. Well Name and No.  
**Yellow Fin Federal Com #2H**

9. API Well No.  
**30-015-41129**

10. Field and Pool, or Exploratory Area  
**WC-015 G-04 S262619C; Bone Spring**

11. County or Parish, State  
**Eddy NM**

**12. CHECK APPROPRIATE BOX(S) 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"/> Altering 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 <u>Completion Operations</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 Notice 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.)

**6/10/13 to 6/24/13** MIRU. Test csg to 8500#. Good test. Drill out DVT @ 7397' & circ clean. Test csg to 8500#. Perforate 19675-19685' (60). Injection test into perf's.

**10/1/13 to 10/23/13** Test csg to 1568# for 15 mins. Good test. Perforate Bone Spring 15475-19575' (504). Acdz w/83154 gal 7 1/2% acid; Frac w/4793102# sand & 4222890 gal fluid.

**10/25/13** Began flowing back & testing.

**10/29/13** Date of 1st production.

**11/6/13 to 11/14/13** Drilled out all plugs. Circ clean.

**11/19/13** Set 2 7/8" 6.5# L-80 tbg @ 7090' & pkr @ 7080'.

**11/20/13** Turned well to sales.

Accepted for record  
LED NMOCOD 12/13/13

**RECEIVED**  
DEC 12 2013  
NMOCOD ARTESIA

**ACCEPTED FOR RECORD**  
DEC 8 2013  
*[Signature]*  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed) **Stormi Davis** Title: **Regulatory Analyst**

Signature: *[Signature]* Date: **11/22/13**

**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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.