

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTEZIA

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.*

Lease Serial No.  
NMNM113927

<b>SUBMIT IN TRIPLICATE - Other instructions on reverse side.</b>		6. If Indian, Allottee or Tribe Name
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA/Agreement, Name and/or No. NMNM133169
2. Name of Operator COG OPERATING LLC Contact: CHASITY JACKSON E-Mail: cjackson@concho.com		8. Well Name and No. NOOSE FEDERAL COM 9H
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-686-3087	9. API Well No. 30-015-42384-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T19S R25E SESW 150FSL 1590FWL 32.610018 N Lat, 104.458377 W Lon		10. Field and Pool, or Exploratory N SEVEN RIVERS-GLOR-YESO
		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 Well Spud
	<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 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.)

6/14/14 Spud 11 @ 6AM. TD 11 @ 1234. Ran 28jts 8-5/8 J55 32# @ 1234.  
6/15/14 Cmt w/925sx C. lead, 200sx C. tail. PD @ 12:28PM. Circ 388sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok. Drill 7-7/8 hole.  
6/16/14 TD 7-7/8 vertical hole @ 2380 KOP.  
6/17/14 TD 7-7/8 curve @ 3302. Drill 7-7/8 lateral 3302-7426.  
6/21/14 TD 7-7/8 @ 7426MD 2918TVD. Ran 185jts 5-1/2 17# L80 @ 7426.  
6/22/14 Cmt w/300sx C. lead, 800sx C. tail. PD @ 6:45PM. Circ 111sx. WOC 24hrs. 6/23/14 RR.

*Accepted for record*  
12/9/14  
NMOCD

NM OIL CONSERVATION  
ARTESIA DISTRICT

DEC 09 2014

RECEIVED

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #253595 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Office and Committed to AFMSS for processing by DEBORAH HAM on 12/02/2014 11:50AM H01553E</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <p><b>ACCEPTED FOR RECORD</b></p> <p>DEC 4 2014</p> <p><i>[Signature]</i></p> <p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE</p> <p><i>for J. Amos</i></p> </div>
Name (Printed/Typed) CHASITY JACKSON	Title PREPARER	
Signature (Electronic Submission)	Date 07/17/2014	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>		
Approved By _____	Title _____	
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.