OCD-ARTESIA

Form 3160-5 (April 2004)

UNITED STATES

April 2004) DEPARTMENT OF THE INTERIOR	FORM APPROVED OM B No 1004-0137
BUREAU OF LAND MANAGEMENT	5. Lease Serial No.
SUNDRY NOTICES AND REPORTS OF	
Do not use this form for proposals to drill or a abandoned well. Use Form 3160-3 (APD) for so	
SUBMIT IN TRIPLICATE- Other instructions or	7 If Unit or CA/Agreement, Name and/or No.
1. Type of Well Gas Well Other	8. Well Name and No.
2. Name of Operator COG Operating LLC	CADDO FEDERAL #3 9. API Well No.
3a Address 3b Phone N 550 W. Texas Ave., Suite 1300 Midland, TX 79701 432-685-4	0 (include area code) 30-015-35700
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)	LOCO HILLS; Glorieta Yeso 96718
330 FNL & 990 FEL	OCT 0 2 2007 11. County or Parish, State
SEC 17, T17S, R30E, UNIT A .	OCD-ARTESIA EDDY, NM
12. CHECK APPROPRIATE BOX(ES) TO INDICATE	NATURE OF NOTICE, REPORT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION
Notice of Intent Acidize Deepen Alter Casing Fracture T	Production (Start/Resume) Water Shut-Off Treat Reclamation Well Integrity
✓ Subsequent Report Casing Repair New Cons	
Change Plans Plug and A	· ·
Final Abandonment Notice Convert to Injection Plug Back	Water Disposal CASINGS
following completion of the involved operations If the operation results in a multiesting has been completed. Final Abandonment Notices shall be filed only after determined that the site is ready for final inspection.) 09-05-07 Spud 17 1/2" hole at 5:30am. TD 17 1/2" hole at 434'. Ran Circ 268 sx. WOC 18 hrs. Tested BOP to 2000# for 10 min 09-08-07 TD 12-1/4"@ 1358'. Ran 32 jts 8-5/8" J55 32#@ 1358'. Cm Tested BOP to 2000# for 10 minutes-held OK. 09-16-07 TD 7 7/8 hole at 5855'.	nutes-held OK. and w/ 500 sx. Tail w/200sx C. PD @ 6:00am. Circ 186 sx. WOC 12 hrs. C. Cmtd 2nd stage 700 sx C. Tail w/ 100sx C. Plug down at 7:30pm. Circ
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Kanicia Carrillo	Title Regulatory Analyst
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed)	Title Regulatory Analyst Date 09/21/2007
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Kanicia Carrillo	Date 09/21/2007
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Kanicia Carrillo Signature ACCEPTED FOTHIS SPACE FOR FEDERA Approved by /S/ DAVID R. GLASS Conditions of approval, fi any, are attached ()Approval of this notice does not warr	Date 09/21/2007 L OR STATE OFFICE USE Title Date
14. Thereby certify that the foregoing is true and correct Name (Printed/Typed) Kanicia Carrillo Signature ACCEPTED FOTHIS SPACE FOR FEDERA	Date 09/21/2007 L OR STATE OFFICE USE Title Date

(Instructions on page 2)