Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

FORM APPROVED



	OM B No 1004-0137 Expires. March 31, 2007
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SUNDRY Do not use the abandoned w	S Lease Senal No NM-074935 If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.						
SUBMIT IN TR							
2. Name of Operator COG Operator	Gas Well Other	MAY - 5 OCD-AR		8. Well Name and No. ELECTRA FEDERAL #24 9. API Well No. 30-015-36272 10. Field and Pool, or Exploratory Area Loco Hills; Glorieta Yeso			
3a Address 550 W. Texas Ave., Suite 1300		3b Phone No. (include 432-685-4340	e area code)				
4. Location of Well (Footage, Sec., 330 FNL & 330 FWL SEC.			11. County or Parish, State EDDY, NM				
12. CHECK A	PPROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE, R	EPORT, OF	OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Sta Reclamation Recomplete Temporarily Ab	ŕ	Water Shut-Off Well Integrity ✓ Other Drill w/ closed loop system		

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.)

COG respectfully requests permission to drill this well with a closed loop system.

14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)										
Phyllis A. Edwards		Title Regulatory Analyst								
Signature Midlin a Solve	Date	/	04/23/2008							
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved by /s/ Don Peter	SOB	Title		Date						
Conditions of approval, if any, are attached. Approval of this notic certify that the applicant holds legal or equitable title to those right which would entitle the applicant to conduct operations thereon.	ce does not warrant or	Office	CARI SBAD	FIFID	APR 3 7 2008 Office					
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make i States any false, fictitious or fraudulent statements or representation				ny department or	agency of the United					