

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

AUG 27 2009

FORM APPROVED
OMB NO 1004-0135
Expires: July 31, 2010

OCD Artesia

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: KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No
3a. Address 550 WEST TEXAS AVE STE 1300 MIDLAND, TX 79701	3b. Phone No (include area code) Ph: 432-685-4332	8. Well Name and No. FOLK FEDERAL 10
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T17S R29E 2065FNL 990FEL 32.83603 N Lat, 104.09110 W Lon		9. API Well No. 30-015-36862
		10. Field and Pool, or Exploratory EMPIRE; GLORIETA 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
	<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 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.)

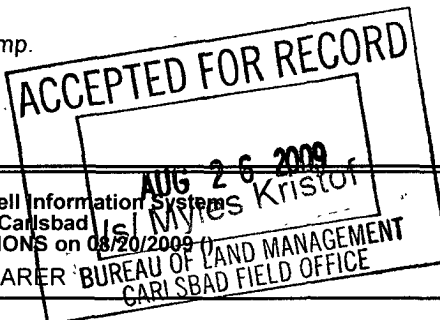
07/26/09 Test casing to 3500 psi, ok.

07/27/09 Perf Lower Blinbry @ 4990-5190 w/ 2 SPF, 48 holes. Acidize w/2,500 gals acid. Frac w/115,901 gals gel, 147,200# 16/30 white sand 33,600# 16/30 CRC. Plug @ 4945. Perf Middle Blinbry @ 4720-4920 w/2 SPF, 36 holes. Acidize w/2,500 gals acid. Frac w/ 116,332 gals gel, 151,300# 16/30 white sand, 32,200# 16/30 CRC. Set comp plug @ 4680. Perf Upper Blinbry @ 4450-4650 w/ 2 SPF, 36 holes. Acidize w/2,500 gals acid. Frac w/ 115,028 gals gel, 145,400# 16/30 sand, 35,000# CRC. Plug @ 4270. Perf Paddock @ 3989-4234 w/1 SPF, 29 holes. Acidize w/3,000 gals acid. Frac w/99,339 gals gel, 103,000# 16/30 white sand, 21,900# 16/30 CRC.

07/29/09 Drill out plugs. Clean out to PBD 5481.

07/30/09 RIH w/157jts 2-7/8" J55 tbg, SN @ 4953. RIH w/ 2-1/2"x2"x24" RHTC pump.

07/31/09 Hang on well.



14. I hereby certify that the foregoing is true and correct	
Electronic Submission #73452 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Office by KURT SIMMONS on 08/20/2009 Committed to AFMSS for processing	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 08/19/2009

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 ****