Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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FORM APPROVED DEC **21** 2009 OM B No. 1004-0137 Expires: March 31, 2007 NWOCD ARTESIA

SUNDRY NOTICES AND REPORTS ON WELLS			NMNM-0467931 6 If Indian, Allottee or Tribe Name	
Do not use the abandoned w				
SUBMIT IN TRIPLICATE- Other instructions on reverse side.			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			Electra Federal North Tank Btty  9. API Well No.	
3a Address 550 W. Texas Ave., Suite 1300	Midland, TX 79701	3b. Phone No. (include area code) 432-685-4340	10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Loco Hills, Glorieta-Yeso 96718	
SEC. 10, T17S, R30E, UNIT E	•		11. County or Parish, State  Eddy County, NM	
12. CHECK A	PPROPRIATE BOX(ES) T	O INDICATE NATURE OF NOTICE,	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION		
If the proposal is to deepen dire Attach the Bond under which the following completion of the inv	ctionally or recomplete horizonta ne work will be performed or pro- tolved operations. If the operational Abandonment Notices shall be for final inspection.)	Fracture Treat  New Construction  Plug and Abandon  Plug Back  Recomplete  Temporarily  Water Dispo  tinent details, including estimated starting date of ally, give subsurface locations and measured and vide the Bond No. on file with BLM/BIA. Require results in a multiple completion or recomplete	Other method of water Abandon disposal	
	and is distributed into eithe ells include the following: er Flood //D - 30-015-21308 //D - 30-015-30874 15-28759 SWD - 30-015-27108	water system. The water doesn't go to a r the Jenkins B Water Flood or the disposation to a See attached water disposarequirements  /s/ JD Winnock Jr	sal wells in the system at the Empire approve.	
Name (Printed/Typed)		Title Perulateur A - I		
Diane Kuykenda	ען עו	Title Regulatory Analyst		

14 I hereby certify that the foregoing is true and correct Name (Printed/Typed)		
Diane Kuykendall Ti	le Regulatory Analyst	
Signature	ate	11/20/2009
THIS SPACE FOR FEDERAL O	R STATE OFFIC	E USE
Approved KETURNED	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.

## **WATER DISPOSAL ONSHORE ORDER #7**

The following information is needed before your method of water disposal can be considered for approval.

	(s) of formation (s) producing water on the lease.
Amour	nt of water produced from each formation in barrels per day.
low w	ater is stored on the lease.
dow w	ater is moved to disposal facility.
•	or's of disposal facility  Lease name or well name and number
b.	Location by ¼¼ Section, Township, and Range of the disposal system
c.	The appropriate NMOCD permit number