UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPR	
OM B No. 1004 Expires: March	NMOCD ARTESIA
5. Lease Serial No	MINOOD ATTICOTA
NMLC-029419A	

SUNDRY	NMLC-029419A		
Do not use th	6 If Indian, Allottee or Tribe Name		
abandoned w	N/A		
SUBMIT IN TR	7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well	NMNM-710309 X		
✓ Oil Well 🛮 🖂	8. Well Name and No.		
2. Name of Operator COG Operator	Skelly Unit #978		
COG Opera	9. API Well No		
3a Address	Marin I Tay dogod	30-015-36062	
550 W. Texas Ave., Suite 1300		432-685-4385	10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec.,	T., R., M., or Survey Description)	Fren; Glorieta-Yeso 26770	
330 FNL, 2310 F	FEL Sec 22, T17S, R31E,	Unit B	11. County or Parish, State
			Eddy County, NM
12 CHECK A	DDDODDIATE BOY(ES) TO	INDICATE NATURE OF NOTICE	E, REPORT, OR OTHER DATA
	THOMATE BOALD) TO	INDICATE NATIONS OF NOTICE	, KITOKI, OKOITIEK DATA
TYPE OF SUBMISSION		TYPE OF ACTION	N
	Acidize	Deepen Production	1 (Start/Resume) Water Shut-Off
Notice of Intent	Alter Casing	Fracture Treat Reclamati	
Subsequent Report	Casing Repair	New Construction Recomple	
	Change Plans		ıly Abandon
Final Abandonment Notice	Convert to Injection	Plug Back Water Dis	
APD total depth 6500'	pectfully requests permission (to change the TD to 6650'.	
		_	JAN 2 0 2010 /s/ Chris Walls BUREAU OF LAND MANAGEMENT
14. Thereby certify that the fore	egoing is true and correct	1	CARLSBAD FIELD OFFICE
Name (Printed/Typed) Robyn M. Odon	1	Title Regulatory Anal	wet
Nobyn III. Odon		The Regulatory Allan	.Jor
Signature	n Coon	Date	01/05/2010
	THIS SPACE FOR I	FEDERAL OR STATE OFF	ICE USE
Approved by		Title	Date
Conditions of approval, if any, are			
certify that the applicant holds lega		n the subject lease Office	I
which would entitle the applicant to			10.0
States any false, fictitious or fraudu	le 43 U.S.C Section 1212, make it a lent statements or representations	crime for any person knowingly and wil as to any matter within its jurisdiction.	llfully to make to any department or agency of the United