

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

00D - Artesia

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

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.

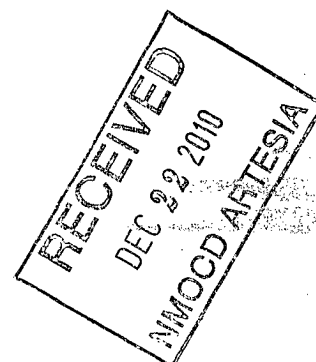
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029342D
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: NATALIE KRUEGER E-Mail: nkrueger@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 550 WEST TEXAS AVENUE SUITE 100 MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 432-231-0300	8. Well Name and No. MIRANDA FEDERAL 14
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R30E SENW Lot F 2528FNL 2309FWL 32.84924 N Lat, 103.97753 W Lon		9. API Well No. 30-015-38051-00-S1
		10. Field and Pool, or Exploratory LOCO HILLS
		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 recompletable 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.)

09/22/10 Test casing to 3500# for 30 min, ok. Perf Lower Blinebry 5490-5690 1 spf, 26 holes.
09/23/10 Acidize w/ 2,500 gals acid. Frac w/ 114,775 gals gel, 147,034# 16/30 White sand, 32,254#
16/30 CRC. Set CBP @ 5450. Perf Middle Blinebry 5220-5420 1 spf, 26 holes. Acidize w/ 2,500 gals
acid. Frac w/ 116,476 gals gel, 127,105# 16/30 White sand, 33,083 16/30 CRC. Set CBP @ 5180.
Perf Upper Blinebry 4950-5150 1 spf, 26 holes.
10/03/10 Acidize w/ 2,500 gals acid. Frac w/ 114,475 gals gel, 147,086# 16/30 White sand, 34,802#
16/30 CRC. Set CBP @ 4740. Perf Paddock 4430-4700 1 spf, 29 holes. Acidize w/ 2,500 gals acid.
Frac w/ 91,863 gals gel, 96,355# 16/30 White sand, 20,537# 16/30 CRC.
10/11/10 Drill out CBPs. CO to PBTD @ 6140.
10/12/10 RIH w/ 176 jts 2-7/8, 6.5# J-55 tbg. SN @ 5468. EOT @ 5643.
10/13/10 RIH w/ 2-1/2" - 2-1/4" - 24 - 28 pump. Hang on well.



14. I hereby certify that the foregoing is true and correct. Electronic Submission #98816 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by CHERYLE RYAN on 12/09/2010 (11CMR0134SE)	
Name (Printed/Typed) NATALIE KRUEGER	Title PREPARER
Signature (Electronic Submission)	Date 12/09/2010

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JAMES A AMOS Title SUPERVISOR EPS	Date 12/19/20
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 Carlsbad

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.

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