Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB No. 1004- 0137

Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

5. Lease Serial No. SHL: VO-6323, BHL NMNM057239

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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 page 2. 1. Type of Well X Oil Well Gas Well Other 2. Name of Operator						6. If Indian, Allottee, or Tribe Name		
						nit or CA. Agreement	Name and/or No.	
						8. Well Name and No.		
						Lizard Pot State Com #1H		
COG Operating LLC					9. API	Well No.		
3a. Address 2208 W. Main Street	•		3b. Phone No. (include area code)		1	30-015-38107		
Artesia, NM 88210			575-748-6946		10. Fiel	10. Field and Pool, or Exploratory Area		
4. Location of Well (Footage, Sec., T., R.,	, , ,		Lat.				nk; Bone Spring	
660' FSL & 660' FWL, Unit	M (SWSW)		Long.		III. Coi	inty or Parish, State Eddy	NM	
Sec 36-T19S-R31E 12. CHECK APPROPRIATE BOX	((S) TO INDICATE NATUR	RE OF	NOTICE, REPO	RT. OR OTHE	R DATA	Eddy	INIVI	
TYPE OF SUBMISSION								
Notice of Intent	Acidize		Deepen	Production	on (Start/Resum	ne)	ter Shut-off	
Notice of intent	Altering Casing		Fracture Treat	Reclamat			ll Integrity	
X Subsequent Report	Casing Repair		New Construction	Recomple				
X Subsequent Report				<u> </u>		(51)	pletion Operations	
	Change Plans	닉	Plug and abandon		rily Abandon	Com	pietion Operations	
Final Abandonment Notice 13. Describe Proposed or Completed (Convert to Injection	<u> </u>	Plug back	Water Di	<u> </u>			
12/28/10 to 12/29/10 MIR 12/30/10 to 1/24/11 Perfor 3536847 gal fluid. 1/25/11 to 1/28/11 MI CTU 1/29/11 Start flowing back	rate Bone Spring 9500-14 J & drill out all frac plugs	425'.		gal 15% NEF	erin Till Artikle det sammannellinde en 1975, geprek denn		RECORD	
No tubing in hole.			A Berry Poor					
Accepted for reco	rd - MMOCD MAI	R 15	VED 5 2011 ARTESIA			MAR 122 LOS LAND MARLSBAD FIELD		
14. I hereby certify that the foregoing is true Name (Printed/ Typed)	and correct.							
Stormi Davis			Title: Reg	ulatory Analy	st			
Signature:	· ,		Date: 2/24					
	THIS SPACE FO	OR FE			USE			
Approved by:			Title					
Conditions of approval, if any are attach						Date:		
	licant to conduct operati	ions	thereon.					
Title 18 U.S.C. Section 1001 AND Titl States any false, fictitiousor fraudulent statem	e 43 U.S.C. Section 1212, make	er within	crime for any person	n knowingly and	willfully to ma	ake any department	or agency of the Unite	
(Instructions on page 2)	one or representations as to any matte	or whill	i no jurisuredon					