

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**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.**

OCD - Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 20105. Lease Serial No.  
NMNM111946

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMNM1261848. Well Name and No.  
NOOSE FEDERAL COM 8H9. API Well No.  
30-015-37284-00-S110. Field and Pool, or Exploratory  
N SEVEN RIVERS-GLOR-YESO  
UNKNOWN11. County or Parish, and State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

COG OPERATING LLC

Contact: NETHA AARON

E-Mail: oaaron@conchoresources.com

3a. Address

550 WEST TEXAS AVENUE SUITE 1300  
MIDLAND, TX 79701

3b. Phone No. (include area code)

Ph: 432-818-2319  
Fx: 432-685-4396

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 35 T19S R25E NENE 430FNL 390FEL

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

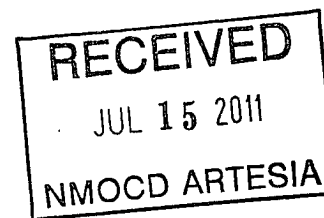
| TYPE OF SUBMISSION                                    | TYPE OF ACTION                                |                                           |                                                    |                                         |
|-------------------------------------------------------|-----------------------------------------------|-------------------------------------------|----------------------------------------------------|-----------------------------------------|
| <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 checked="" 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 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.)

Interim Reclamation complete.

We are unable to downsize due to the size of the tank battery we have on this location.

Ready for inspection.

Accepted for record  
NMOC D

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #108477 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by KURT SIMMONS on 05/17/2011 (11KMS1673SE)

Name (Printed/Typed) NETHA AARON

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 05/17/2011

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

ACCEPTED

JAMES A AMOS  
Title SUPERVISOR EPS

Date 07/12/2011

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.

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***