Form 3160-5 (August 2007)

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

SUNDRY NOTICES AND REPORTS ON WELLS

**OCD Artesia** 

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

Lease Serial No. NMNM67106

-	If Indian	Allassa	~ T-:L-	N

SUBMIT IN TRIPLICATE - Other instructions on reverse side.					6. If Indian, Allottee or Tribe Name     7. If Unit or CA/Agreement, Name and/or No.		
☑ Oil Well ☐ Gas Well ☐ Other					ABISCUIT FEE	DERAL COM 1	
Name of Operator Contact STORMI DAVIS     COG OPERATING LLC E-Mail. sdavis@concho.com					9. API Well No. 30-015-37605-00-X1		
3a. Address       3b. Phone No.         550 WEST TEXAS AVENUE SUITE 100       Ph: 575-74         MIDLAND, TX 79701       Fx: 575-74					10. Field and Pool, or Exploratory SAND DUNES		
4. Location of Well (Footage, Sec., T		II. C	11. County or Parish, and State				
Sec 12 T24S R31E SWSW 33	EC	EDDY COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF	NOTICE, REPORT	, OR OTHER	R DATA	
TYPE OF SUBMISSION	OF ACTION						
☐ Notice of Intent	□ Acidize	□ Dee	pen	Production (Sta	rt/Resume)	☐ Water Shut-Off	
· <del>-</del>	Alter Casing	Frac	ture Treat	Reclamation		☐ Well Integrity	
Subsequent Report	☐ Casing Repair	□ New	Construction	Recomplete		Other Workover Operations	
☐ Final Abandonment Notice	Change Plans	□ Plug	g and Abandon	☐ Temporarily Al	oandon	Workover Operations	
	Convert to Injection	□ Plug	Back	☐ Water Disposal			
determined that the site is ready for f 5/6/11 to 5/10/11 MIRU. Tag hole clean.  5/11/11 to 5/26/11 Perforate Perforate Bone Spring 12845-6/1/11 to 6/2/11 Cleaned out.  6/6/11 Attempted acid treatment 6/15/11 to 6/16/11 Cleaned o	DVT @ 8414'. Drilled ou Bone Spring 13181-13450 13114'. Attempted to frac	O'. Frac w/30 c. Accept	•	234600 gal fluid.	APR	EIVED 12 2012 D ARTESIA	
Keport pressure  14. The feby certify that the foregoing is	true and correct.	<i>U</i>	of casi	-0			
_	Electronic Submission #1 For COG O	PERATING L	.C, sent to the	Carlsbad			
Com Name (Printed/Typed) STORMI [	mitted to AFMSS for proce	essing by KU		•	427SE)		
Name (17 mea Typea) STORIVII E	JAVIS		Title PREP	ARER			
Signature (Electronic S	Submission)		Date 03/30/	2012			
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE USE			
Approved By ACCEPTED			JAMES A			Date 04/08/201	
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant the ap	uitable title to those rights in the act operations thereon.	subject lease	Office Carlsb				
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U S C. Section 1212, make it a statements or representations as	crime for any p to any matter w	erson knowingly a ithin its jurisdiction	nd willfully to make to a	ny department or	agency of the United	

## Additional data for EC transaction #134347 that would not fit on the form

## 32. Additional remarks, continued

9/7/11 to 9/8/11 RU. Attempted to log. Set CP @ 9237'.

11/2/11 to 11/4/11 Cleaned out.

11/5/11 SI evaluating csg repair to continue completion procedure.