

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
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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMNM121474
2 Name of Operator COG Production LLC		6 If Indian, Allottee, or Tribe Name
3a Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No (include area code) 575-748-6946	7 If Unit or CA Agreement Name and/or No
4 Location of Well (Footage, Sec, T, R, M, or Survey Description) SHL: 480' FSL & 2140' FEL, Lot 6 (NWNE) Sec 31-T26S-R29E BHL: 1615' FNL & 2175' FEL, Unit G (SWNE) Sec 30-T26S-R29E		8 Well Name and No Copperhead 31 Federal Com #2H
Lat. Long.		9 API Well No 30-015-39791
10 Field and Pool, or Exploratory Area Wildcat G-03 S262932E; Bone Spring		11 County or Parish, State Eddy NM

12 CHECK APPROPRIATE BOX(S) 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"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
	<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	Completion Operations
<input type="checkbox"/> Final Abandonment Notice	<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 recomple horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No on file with the 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 recomple in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice 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.)

5/11/12 MIRU WSU. Test csg to 1500#.

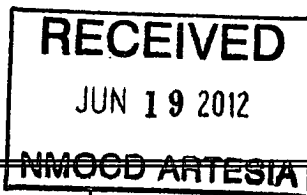
5/12/12 to 5/14/12 Perforate Bone Spring 8469-13401' (460). Acidz w/31518 gal 7 1/2% acid. Frac w/3786868# sand & 2784586 gal fluid.

5/15/12 to 5/19/12 Drilled out all CFP's.

5/22/12 Set 2 7/8" L-80 tbg @ 7989' & pkr @ 7979'.

5/24/12 Began flowing back & testing.

Accepted for record
NMOCD



14 I hereby certify that the foregoing is true and correct
Name (Printed/ Typed)

Stormi Davis

Title. Regulatory Analyst

Signature

Date 5/30/12

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by.	Title	Date
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	

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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction