|   |                                   | ,                  |                    |                                     |   |                            |  |
|---|-----------------------------------|--------------------|--------------------|-------------------------------------|---|----------------------------|--|
| Form 3160- 5  | TATES OCL                         | E INTERIOR         |                    | FORM APPROVED<br>OMB No. 1004- 0137 |   |                            |  |
| (August, 2007)  | THE INTERIOR                      |                    |                    |                                     |   |                            |  |
| BUREAU OF LAND MANAGEMENT   |                                   |                    |                    | Expires: July 31, 2010              |   |                            |  |
| SUNDRY NOTICES AND REPORTS ON WELLS   |                                   |                    |                    | 5. Lease Serial                     | 5. Lease Serial No.<br>NMNM100858       |                            |  |
| Do not use this form for proposals to drill or to re-enter an   |                                   |                    |                    |                                     | 6. If Indian, Allottee, or Tribe Name   |                            |  |
|   | doned well. Use Form 3160-3       |                    | osals.             |                                     |   | <u></u>                    |  |
|   | TRIPLICATE - Other Instr          | uctions on page 2. |                    | 7. If Unit or C                     | A. Agreement Name a                     | and/or No.                 |  |
| 1. Type of Well   X Oil Well Gas Well Other   |                                   |                    |                    | 8. Well Name                        | 8. Well Name and No.                    |                            |  |
| 2. Name of Operator   |                                   |                    |                    |                                     | Blue Thunder 5 Federal #7H              |                            |  |
| COG Operating LLC   |                                   |                    |                    |                                     | 9. API Well No.                         |                            |  |
| 3a. Address   | 3b. Phone No. (include area code) |                    |                    |                                     | 30-015-40874                            |                            |  |
| 2208 W. Main Street<br>Artesia, NM 88210  |                                   | 575-74             | 48-6946            | 10 Field and P                      | 10. Field and Pool, or Exploratory Area |                            |  |
| 4. Location of Well (Footage, Sec., T., R.,   | M., or Survey Description)        | I                  | Lat.               |                                     | Hackberry; Bone Spring, North           |                            |  |
| SHL: 660' FNL & 200' FEL,   | Lot 1 (NENE) Sec 5-T19S-          | R31E               | long               | 11. County or I                     |   |                            |  |
| BHL: 781' FNL & 331' FWL, Lot 4 (NWNW) Sec 5-T19S-R31E  |                                   |                    |                    | Ede                                 | dy                                      | NM                         |  |
| 12. CHECK APPROPRIATE BOX   | (S) TO INDICATE NATURI            | E OF NOTICE, REPOR | RT, OR OTHEF       | R DATA                              |   |                            |  |
| TYPE OF SUBMISSION  | <u></u>                           | ТҮ                 | PE OF ACTION       | 1                                   |   | ·                          |  |
| Notice of Intent  | Acidize                           | Deepen             | Production         | (Start/Resume)                      | Water Shut                              | -off                       |  |
|   | Altering Casing                   | Fracture Treat     | Reclamatio         |                                     | Well Integ                              |                            |  |
|   |                                   |                    |                    |                                     |   | ny                         |  |
| Subsequent Report   | Casing Repair                     | New Construction   | Recomplet          | e                                   | X Other                                 |                            |  |
| · · · · · · · · · · · · · · · · · · ·   | Change Plans                      | Plug and abandon   | Temporari          | y Abandon                           | Completio                               | on Operations              |  |
| Final Abandonment Notice  | Convert to Injection              | Plug back          | Water Disp         | oosal                               | al                                      |                            |  |
| 1/28/13 MIRU. Test 5 1/2'<br>2/6/13 to 3/6/13 Perforate F   |                                   |                    | 8 gal 7 1/2% a     | cid. Frac w/332                     | 27949# sand &                           |                            |  |
| 2721046 gal fluid.  |                                   |                    | С<br>Г             |                                     |   |                            |  |
| 3/7/13 Began flowing back & testing.  |                                   |                    |                    | ACCEPTED FOR RECORD                 |   |                            |  |
| 3/20/13 to 3/23/13 Drilled out all CFP's. Circulate clean.<br>3/25/13 Set 2 7/8" 6.5# L-80 tbg @ 8325'. Place well on pump. |                                   |                    |                    | ISUULI IL                           | n i vi u                                | LOUND                      |  |
| 3/25/13 Set 2 7/8" 6.5# L-8<br>3/26/13 Date of first produc   | ,                                 |                    |                    |                                     |   |                            |  |
|   |                                   | RECE               | IVED               | AP                                  | R 2 0 2013                              |                            |  |
| Defee CeA   |                                   | APR 2              | (1                 |                                     |   |                            |  |
| a state   | s 4/24/13                         | AIN &              | <b>3</b> ,2013     | AC                                  | m                                       |                            |  |
| 4RUDO   |                                   | NMOCD A            | BTESIA             | BUREAU OF                           | LAND MANAG                              | FMENT                      |  |
| · · · · · · · · · · · · · · · · · · ·   |                                   |                    |                    | CARLSE                              | BAD FIELD OFF                           | ICE                        |  |
| 14. I hereby certify that the foregoing is true   | and correct.                      | i                  |                    |                                     |   |                            |  |
| Name (Printed/ Typed)   | •                                 | Title:             | 1 / 1 / 1          |                                     |   |                            |  |
| Stormi Davis  | +                                 | Regi               | Regulatory Analyst |                                     |   |                            |  |
| Signature:  | torus                             | . Date: 4/10/      | /13                |                                     |   |                            |  |
|   | THIS SPACE FO                     | R FEDERAL OR ST    | ATE OFFICE         | USE                                 | · · · · · ·                             |                            |  |
| Approved by:  |                                   | Title:             |                    | Γ.                                  | Date:                                   |                            |  |
| Conditions of approval, if any are attach<br>certify that the applicant holds legal or e                                    |                                   | not warrant or     | •                  |                                     |   |                            |  |
| which would entitle the app   | licant to conduct operatio        | ons thereon.       |                    |                                     | : •                                     |                            |  |
| Title 18 U.S.C. Section 1001 AND Title<br>States any false, fictitiousor fraudulent stateme                                 |                                   |                    | knowingly and v    | villfully to maké an                | y department or ag                      | gency of the United        |  |
| (Instructions on page 2)  |                                   |                    |                    | ·····                               |   |                            |  |
|   |                                   |                    | ·                  |                                     |   | AND .                      |  |
|   |                                   | 4. <sup>1</sup>    |                    |                                     |   | $\mathcal{N}^{\mathbf{r}}$ |  |