

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

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. NMNM111412
2. Name of Operator COG Operating 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: 190' FNL & 600' FEL, Unit A (NENE) Sec 25-T24S-R27E BHL: 337' FSL & 366' FEL, Unit P (SESE) Sec 25-T24S-R27E		8. Well Name and No. Quien Sabe 25 Federal #1H
Lat. Long.		9. API Well No. 30-015-41528
		10. Field and Pool or Exploratory Area Willow Lake; Bone Spring, West
		11. County or Parish, State Eddy NM

12. CHECK THE 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"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input 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 checked="" 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 the BLM/ BIA. Required subsequent reports must 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 Notice must be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Required Information for the Disposal of Produced Water:

- Name of formation producing water on lease: Bone Spring
- Amount of water produced in barrels per day: 1500 BWPD
- How water is stored on lease: 2 - 500 bbl fiberglass tanks
- How water is moved to disposal facility: Trucked
- Disposal Facility #1:
 - Facility Operator Name: COG Operating LLC
 - Name of facility of well name & number: West Brushy 5 Federal SWD #5 (Order SWD-1168)
 - Type of facility of well: WDW
 - Location by 1/4, 1/4, Section, Township & Range: SESE, Sec 5-T26S-R29E
- Disposal Facility #2:
 - Facility Operator Name: COG Operating LLC
 - Name of facility of well name & number: West Brushy 8 Federal SWD #1 (Order SWD-1167)
 - Type of facility of well: WDW
 - Location by 1/4, 1/4, Section, Township & Range: NENE, Sec 8-T26S-R29E
- Disposal Facility #3:
 - Facility Operator Name: COG Operating LLC
 - Name of facility of well name & number: Cottonwood 36 State SWD #1 (Order SWD-1226-A)
 - Type of facility of well: WDW
 - Location by 1/4, 1/4, Section, Township & Range: NESW, Sec 36-T25S-R26E

APPROVED
MAR 8 2014
J. Amos
JAMES A. AMOS
SUPERVISOR-EPS

RECEIVED
MAR 12 2014
NMOCD ARTESIA

RS 3/13/14
Accepted for record
NMOCD

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

Name (Printed/ Typed) Stormi Davis	Title: Regulatory Analyst
Signature: <i>Stormi Davis</i>	Date: 2/17/14

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.