

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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MAY 07 2014

FORM APPROVED
OMB NO. 1004-0135
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.

OCD ARTESIA

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC028731A
2. Name of Operator COG OPERATING LLC Contact: DAVID A EYLER E-Mail: DEYLER@MILAGRO-RES.COM		6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-687-3033	7. If Unit or CA/Agreement, Name and/or No. NMNM111789X
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T17S R29E NWSE 1980FSL 1980FEL		8. Well Name and No. DODD FEDERAL UNIT 78
		9. API Well No. 30-015-03032-00-S1
		10. Field and Pool, or Exploratory GRAYBURG
		11. County or Parish, and State EDDY COUNTY, NM

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 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 checked="" 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 recompleate 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 recompleation 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.)

04/01/14: SET 7" CIBP @ 2,200'; CIRC. WELL W/MUD; PRES. TEST CSG. TO 500#; HELD OK.
04/02/14: PUMP 55 SXS.CMT. @ 2,200'-2,000'; PUMP 35 SXS.CMT. @ 1,817'; WOC X TAG CMT. @ 1,632' (OK'D BY BLM); PERF. SQZ. HOLES @ 1,038'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 900# X HOLD; PUMP 45 SXS.CMT. @ 1,088' (PER BLM); WOC.
04/03/14: TAG CMT. @ 814'; PERF. X SQZ. 45 SXS.CMT. @ 380'; WOC.
04/04/14: TAG CMT. @ 340'; PERF. X SQZ. 45 SXS.CMT. @ 330'; WOC X TAG CMT. @ 173'; PERF. SQZ. HOLES @ 100'; ATTEMPT TO EST. INJ. RATE - PRES. UP TO 1,500# X HOLD; PERF. SQZ. HOLES @ 60' (PER BLM); SQZ. 40 SXS.CMT. @ 128' (PER BLM); WOC.
04/05/14: TAG CMT. @ 80'; PRES. TEST CMT. PLUG TO 300'-HELD OK; SQZ. 25 SXS.CMT. @ 80' (PER BLM); WOC X TAG CMT. @ 50'; PUMP 10 SXS.CMT. @ 50' (PER BLM); WOC.
04/06/14: TAG CMT. @ 5' (OK'D BY BLM); DIG OUT X CUT OFF WELLHEAD 5' B.G.L.; WELD ON STEEL PLATE TO CSG. X INSTALL GROUND LEVEL DRY HOLE MARKER.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #241974 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by JAMES AMOS on 04/24/2014 (14JAM0130SE)		<i>Accepted 5/12/14</i> <i>Accepted for record</i> <i>NMDOB</i>
Name (Printed/Typed) DAVID A EYLER	Title AGENT	
Signature (Electronic Submission)	Date 04/11/2014	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By ACCEPTED	JAMES A AMOS Title SUPERVISOR EPS	Date 05/01/2014
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 ******RECLAMATION**
DUE 10-3-14*Accepted as to plugging of the well bore,
liability under bond is retained until
Surface restoration is completed.*

Additional data for EC transaction #241974 that would not fit on the form

32. Additional remarks, continued

WELL PLUGGED AND ABANDONED 04/06/14.