Form 3160- 5 UNITED STAT (August, 2007) DEPARTMENT OF THE BUREAU OF LAND MA				INTERIOR			FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010			
SUNDRY NOTICES AND REPORTS ON Do not use this form for proposals to drill or to re abandoned well. Use Form 3160-3 (APD) for such					ter an		5. Lease Serial No. NMNM114349 6. If Indian, Allottee, or Tribe Name			
SUBMIT IN TRIPLICATE - Other Instructions on page 2.							7. If Unit or C.	A. Agreement Nar	ne and/or No.	
I. Type of Well	s Well	Other					8. Well Name	and No		
2. Name of Operator							Jack Federal #4H			
COG Operating LLC	2						9. API Well N			
3a. Address 3b. 1 2208 W. Main Street					Phone No. (include area code)			30-015-42134		
Artesia. NM 88210	l				575-748-6946		10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					Lat.			Wildcat G-03 S262631M; Bone Spring		
SHL: 190' FNL & 2310' FEL, Unit B (NWNE) Sec 31-T25S-R27E							11. County or			
BHL: 357' FSL & 2045' FEL, Unit O (SWSE) Sec 31-T25S-R27E 12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER I							Ed	dy	NM	
			RE OF				ATA	<u> </u>		
TYPE OF SUBMISSION TYPE OF ACTION									<u> </u>	
Notice of Intent		Acidize	Deepen	pen Production (St			Water S	Shut-off		
		Altering Casing		Fracture Treat	F F	Reclamation		Well Integrity		
X Subsequent Report		Casing Repair		New Construction	- F	Recomplete		X Other		
		Change Plans		Plug and abandon	[]]1	emporarily Al	andon	Comple	tion Operations	
Final Abandonment Notice		Convert to Injection		Plug back		Water Disposa	l			
4/27/14 to 5/1/14 Pc	erforate Bo	g & test to 9500#. Go one Spring 7749-1169			•	,	5	•		
sand & 4703748 gal fluid. 5/2/14 Began flowing back & testing.							· · · · · · · · · · · · · · · · · · ·		DECODE	
5/4/14 Date of 1st p					150 FOF	RECORD				
5/13/14 to 5/16/14 Drilled out frac plugs.										
5/20/14 Set 2 7/8" 6.5# L-80 tbg @ 7215' & pkr @ 6858'. Installed gas life system. NM OIL CONSERVATION								JUN 22	2314	
	ESIA DIS IN				11					
Accepted for Meoto Af				JN 30 2014				for and N		
(RD 7-	2-14						BUREN	LAND W	IANAGEMENT D OFFICE	
14. I hereby certify that the forego		correct.		RECEIVED		¥				
Name (Printed/ Typed)				Title:		```				
Stormi Davis		gulatory	Analyst			<u> </u>				
Signature:	3 Ma	und		Date: 5/28	8/14					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved by:		•		Title:				Date:		
	legal or equit ie applicar	able title to those rights in at to conduct oper	the sub ations	/arrant or ject lease Office: thereon.		• • •	· · · ·			
Title 18 U.S.C. Section 1001 States any false, fictitiousor fraudu					on knowing	gly and willf	ally to make an	ny department or	agency of the United	
(Instructions on page 2)									<u></u>	

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OCD Artesia

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