

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

5. Lease Serial No.
NMLC054988B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

8. Well Name and No.
JENKINS B FEDERAL 12

9. API Well No.
30-015-31559

10. Field and Pool, or Exploratory
GRAYBURG JACKSON

11. County or Parish, and State
EDDY COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com

3a. Address
ONE CONCHO CENTER 600 W ILLINOIS AVE
MIDLAND, TX 79701
3b. Phone No. (include area code)
Ph: 432-685-4332

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T17S R30E Mer NMP 2310FNL 2310FWL

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 checked="" 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 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 recomplete 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 recompletion 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.)

Recomplete as an oil well in the San Andres.

11/12/14 MIRU. Function test BOP. Release packer. TOH w/ 135jts 2-7/8 tbg, 5-1/2 packer.
11/14/14 Set CIBP @ 4220. Dump 40? C cement on top of CIBP. TIH and tag cement at 4180. Circ hole w/100bbls FW. Displace w/100bbls 2% KCL with 1% corrosion inhibitor. LD tbg. ND BOP and WH. NU frac stack.
11/17/14 Test csg and frac stack to 4200#, good test.
11/19/14 Perf San Andres 3 SPF, 54 shots, 3750 ? 3975.
11/21/14 Frac 3750 -3975 w/182,289# 16/30 Brady sand, 127,402 gals gel. Set CFP @ 3700?. Perf @ 3425 ? 3625, 3 SPF, 54 shots. Frac w/135,308# 16/30 Brady sand, 44,171# 16/30 SLC, 125,967 gals gel. Set CFP @ 3390. Perf @ 3100 ? 3315, 3 SPF, 54 shots. Frac w/139,226# 16/30 Brady sand, 55,539# 16/30 SLC, 130,482 gals gel.

NM OIL CONSERVATION
ARTESIA DISTRICT

JAN 23 2015

RECEIVED

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

Electronic Submission #288336 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad

Accepted for record

LA NMOCD 2/12/15

Name (Printed/Typed) KANICIA CASTILLO

Title PREPARER

Signature (Electronic Submission)

Date 01/16/2015

GENERAL OR STATE OFFICE USE

Approved By _____

Title _____

Conditions of approval, if any, certify that the applicant which would entitle the _____

Warrant or subject lease _____

Title 18 U.S.C. Section 10. States any false, fictitious, _____

_____ make it a crime representations as to any _____

_____ agency of the United _____

Pending BLM approvals will subsequently be reviewed and scanned

Provide C-102 to NMOCD to compliment proposed recompletion

** OPERATOR-SUBMITTED ** OPERA

** OPERATOR-SUBMITTED **

Additional data for EC transaction #288336 that would not fit on the form

32. Additional remarks, continued

11/26/14 Function test BOP. TIH and drill out CTP?s. TIH w/ tbg tag @ 4098, bail snd. TIH w/ bit to 4100. SDFD.

12/01/14 Function test BOP. Run tracer survey. TIH w/ 131jts 2-7/8 tbg, EOT @ 4149, SN @ 4098, TAC @ 3061. SDFN.

12/2/14 TIH w/2-1/2 x 2 x 20? pump and rods. Hang on. RDMO.