

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

I Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Injection

MAR 06 2006

2. Name of Operator

COG Operating LLC

OCU-ANTERIOR

3. Address and Telephone No.

550 W. Texas, Suite 1300, Midland, TX 79701

(432)685-4372

4. Location of Well (Footage, Sec., T. R., M. or Survey Description)

2310 FNL & 2310 FEL, Sec. 20 T17S R28E

5. Lease Designation and Serial No.

LC-065729

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Red Lake Sand Unit #51

9. API Well No.

30-015-33330

10. Field and Pool, or Exploratory Area

Red Lake Shores; Grayburg

11. County or Parish, State

Eddy, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☒ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work)\*

07/26/2005 Lay down tubing and rods.

07/27/2005 RIH w/AD-1 packer and 58 joints plastic coated tubing set @ 1843'. Circ packer fluid and pressure test to 500# for 30 minutes, held OK. Put well on injection. CIT chart enclosed.

Refer to WFX-806

Authority to inject

Denied - Reference NMOCD  
Rule 19.15.9.704.A(5)

Request for injection must be submitted on Form C-103.

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

Signed Gerry W. Shenall

Title Production Clerk

Date 3/3/2006

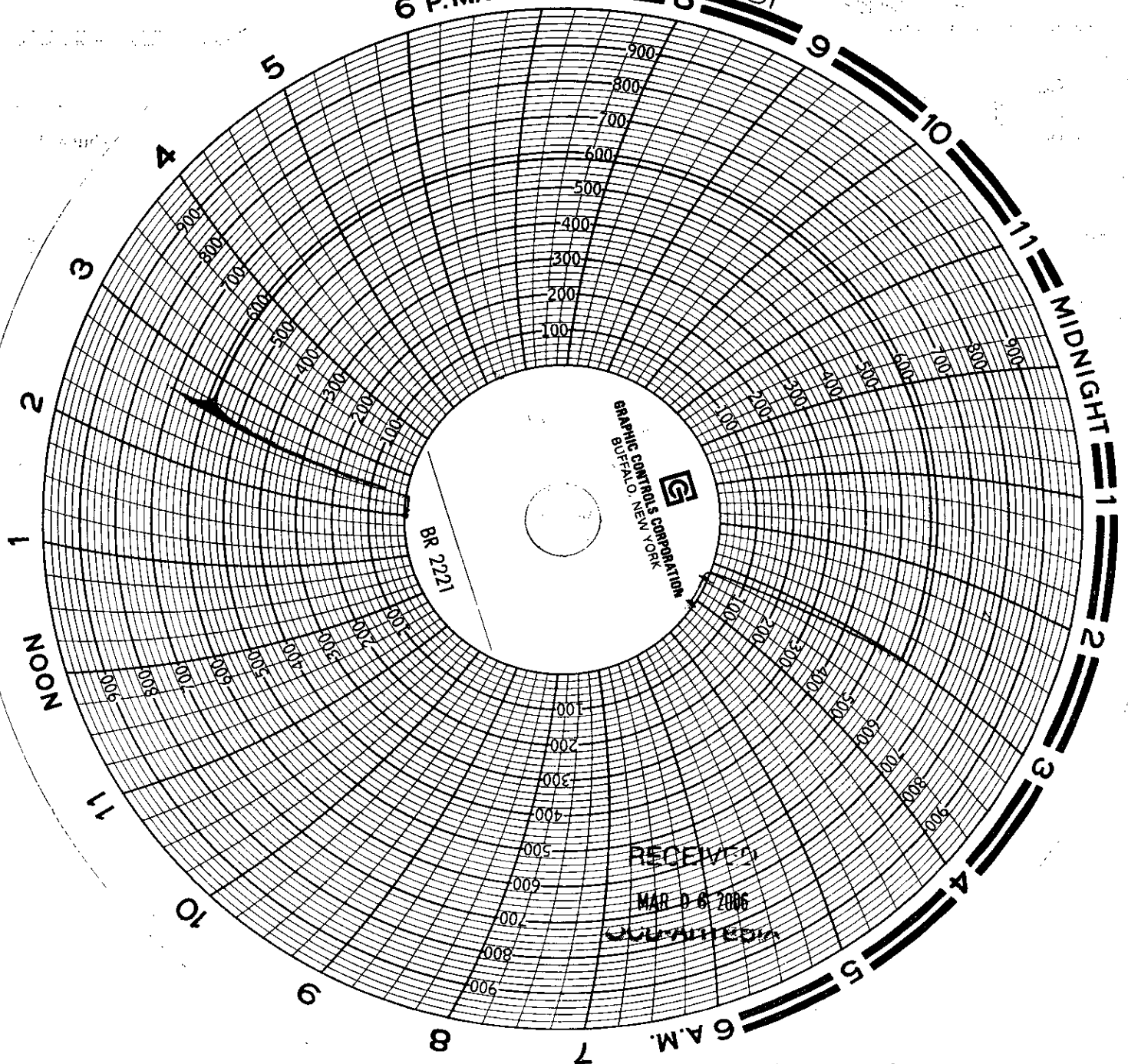
(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any \_\_\_\_\_

Title Accepted for record  
NMOCD

Date \_\_\_\_\_

Red Lake sand Unit #51  
6 P.M. = 7 = 8 = 9



Accepted for record  
INWOOD