OCD-ARTESIA

I	UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MANAC NOTICES AND REPO	GEMENT	JAN -	2008 Ex	FORM APPROVED OMB No. 1004-0137 spires March 31, 2007	<i>,</i> -
Do not use th	nis form for proposals to cell. Use Form 3160-3 (AP)	drill or to re-e	nter an		Allottee or Tribe Name	
SUBMIT IN TR	IPLICATE- Other instruc	ctions on rever	se side.	7 If Unit or C.	A/Agreement, Name and/or No.	=
1. Type of Well Gas Well Other Gas Well Other				8 Well Name and No. Holder CB Federal #11 9. API Well No.		
2 Name of Operator COG Operating LLC						
3a Address 550 W. Texas Ave., Suite 1300	b Phone No. (include 432-685-4395	30-015-35471 10. Field and Pool, or Exploratory Area		-		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				Loco Hills; Glorieta-Yeso 96718		
715' FSL & 990' FWL Sec.9, T17S, R30E, Unit M				11. County or Parish, State Eddy, NM		
12. CHECK A	PPROPRIATE BOX(ES) TO IN	IDICATE NATUR	RE OF NOTICE, RI	EPORT, OR (OTHER DATA	_
TYPE OF SUBMISSION TYPE OF ACTION						_
If the proposal is to deepen dir Attach the Bond under which following completion of the in testing has been completed. F determined that the site is read 12-10-07 MIRU. 12-11-07 POH w/pump, 12-12-07 Acidize w/3000	Acidize Alter Casing Casing Repair Change Plans Convert to Injection ted Operation (clearly state all pertinent ectionally or recomplete horizontally, gethe work will be performed or provide evolved operations. If the operation resinal Abandonment Notices shall be file by for final inspection.) rods & tbg. RIH w/RBP & set @ gals 15% HCL. Frac w/46,032 gals 15% H	give subsurface location the Bond No. on file tults in a multiple com- ed only after all require 4730'. Perf @ 4368 als 40# linear gel; 3	ons and measured and tru with BLM/BIA. Require pletion or recompletion in ements, including reclam '-4658', 1 SPF, 32 hol 0,786 gals 30# linear §	andon ny proposed work e vertical depths ed subsequent rep n a new interval, ation, have been ees. ees. gel; 600# Scales	of all pertinent markers and zones, borts shall be filed within 30 days a Form 3160-4 shall be filed once completed, and the operator has sorb-3; 8000# LiteProp 125	ORD
14 Thereby certify that the foregoing is true and correct				JAN 4 2008 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE		
Name (Printed/Typed) Carol Ann Lan	ce	Title 1	Regulatory Analyst			
Signature Signature	Date Date			12128107		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved by Conditions of approval, if any, are	attached Approval of this notice do		Title	Da	ate	_

Office which would entitle the applicant to conduct operations thereon. Title 18 USC Section 1001 and Title 43 USC. 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

(Instructions on page 2)

certify that the applicant holds legal or equitable title to those rights in the subject lease