Form 3160-5 (April 2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

JAN 3 1 2008

FORM APPROVED OMB No 1004-0137 Expires March 31, 2007 O

| DEPARTMENT OF THE I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   | OCD ADTO                                       | E                                          | Apires March 31, 2007               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------|--------------------------------------------|-------------------------------------|--|
| BUREAU OF LAND MANA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | AGEMENT                                                           | OCD-ARTE                                       | Senal N                                    |                                     |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                   |                                                |                                            | LC-056551A                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                |                                            | 6 If Indian, Allottee or Tribe Name |  |
| SUBMIT IN TRIPLICATE- Other instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                   |                                                | 7. If Unit or CA/Agreement, Name and/or No |                                     |  |
| 1. Type of Well Oil Well □ □ Gas Well □ □ Other □ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                   |                                                | 8. Well Name and No.                       |                                     |  |
| 2 Name of Operator COG Operating LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                | Holder CB Federal #10  9. API Well No      |                                     |  |
| 3a Address<br>550 W. Texas Ave., Suite 1300 Midland, TX 79701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | e area code) 30-015-35272 10. Field and Pool, or Exploratory Area |                                                |                                            |                                     |  |
| 4 Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                | LOCO HILLS; GLORIETA YESO                  |                                     |  |
| 330 FNL & 990 FWL, SEC. 17, T17S, R30E, Unit D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                | 11 County or Parish, State                 |                                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                   |                                                | EDDY, NM                                   |                                     |  |
| 12. CHECK APPROPRIATE BOX(ES) TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                   |                                                | PORT, OR                                   | OTHER DATA                          |  |
| TYPE OF SUBMISSION TYPE OF ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                |                                            |                                     |  |
| Notice of Intent Acidize Alter Casing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Deepen Fracture Treat                                             | Production (Star                               | Well Integrity                             |                                     |  |
| Subsequent Report Casing Repair                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3 Subsequent Report                                               |                                                |                                            | Other                               |  |
| ☐ Final Abandonment Notice ☐ Convert to Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Plug and Abandon Plug Back                                        | Temporarily Abandon Completion  Water Disposal |                                            | Completion                          |  |
| 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.)  12-13-07 Perf w/ 2 SPF @ 5489 - 5690. 48 holes.  12-14-07 Acidize perfs w/ 3,000 gals acid. Frac w/ 66,054 gal gel, 88,622# 16/30 sand. Set Comp plug @ 5460'. Perf w/ 2 SPF @ 5220 - 5420. 64 holes. Acidize perfs w/ 2500 gals acid. Set Comp plug @ 5190'. Perf w/ 2 SPF @ 4900 - 5100. 36 holes. Acidize perfs w/ 5,000 gals acid. Frac w/ 65,323 gal gel, 86,545# 16/30 sand.  12-17-07 Drill out plug @ 5190'  12-18-07 Drill out plug @ 5190'. RIH w/ 175 jts 2-7/8" tbg set @ 5710'. RIH w/ 2-1/2"x 2"x 20' RHTC PAP pump. Hang well on. |                                                                   |                                                |                                            |                                     |  |
| 14 I hereby certify that the foregoing is true and correct<br>Name (Printed/Typed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1                                                                 |                                                |                                            |                                     |  |
| Kanicia Carrillo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Title                                                             | Regulatory Analyst                             |                                            |                                     |  |
| Signature /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date                                                              |                                                | 01/28/2007                                 |                                     |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                |                                            |                                     |  |
| Approved by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                   | Title                                          |                                            | Date                                |  |
| Conditions of approval, if any, are attached. Approval of this notice does not warra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                   |                                                | 1                                          | · ····                              |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                |                                            |                                     |  |
| 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   |                                                |                                            |                                     |  |