Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED OM B No 1004-0137 Expires. March 31, 2007

5 Leave Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS					5. Lease Serial No. NM-07467931			
Do not use th	nis form for proposals to ell. Use Form 3160-3 (/	o drill or to re-e	nter an	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 8. Well Name and No.			
I Type of Well ☑ Oil Well□ □ □ Gas Well□□ □ Other								
Name of Operator COG Operating LLC					9. API Well No.			
Address 550 W. Texas Ave., Suite 1300	3b. Phone No. (include 432-685-4340	area code)	30-015-35979 10. Field and Pool, or Exploratory Area					
4. Location of Well (Footage, Sec., T., R, M, or Survey Description)		MAY - 5 2008		Loco Hills; Glorieta Yeso 11. County or Parish, State				
2510 FNL & 250 FWL SEC	OCD-ARI		EDDY, NM					
12. CHECK AI	PPROPRIATE BOX(ES) TO	INDICATE NATUR	E OF NOTICE, RI	EPORT, OR	OTHER DATA			
TYPE OF SUBMISSION	TYPE OF ACTION							
Notice of Intent Subsequent Report Final Abandonment Notice	Acidize Alter Casing Casing Repair Change Plans Convert to Injection	Deepen Fracture Treat New Construction Plug and Abandon Plug Back	Production (Star Reclamation Recomplete Temporarily Aba Water Disposal	, 	Water Shut-Off Well Integrity Other Drill w/ closed loop system			
Attach the Bond under which the following completion of the inv	ctionally or recomplete horizontally ne work will be performed or proving volved operations. If the operation and Abandonment Notices shall be	y, give subsurface location de the Bond No. on file w results in a multiple compl	s and measured and true ith BLM/BIA. Require etion or recompletion in	e vertical depths d subsequent rep a new interval,	of all pertinent markers and zones. ports shall be filed within 30 days a Form 3160-4 shall be filed once			

COG respectfully requests permission to drill this well with a closed loop system.

	· ·								
14. I hereby certify that th Name (Printed/Type	e foregoing is true and correct d)								
Phyllis A. Edwards Title		Title	Regulatory Analyst						
Signature Julie	ia Gloods	Date 04/23/2008			-				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE									
Approved by	/s/ Don Peterson		Title		Date	APR 3 0 con			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or 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.			Office	CARLSBA	D FIEI	_D OFFICE			

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.

(Instructions on page 2)