Form 3160-5 (April 2004)

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

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

5 Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS					NMNM-56426	
Do not use this	6 If India	6 If Indian, Allottee or Tribe Name				
abandoned well	l. Use Form 3160 - 3 (/	APD) for such	n proposals.			
SUBMIT IN TRIPLICATE- Other instructions on reverse side.  1 Type of Well Gas Wellist Other					7 If Unit or CA/Agreement, Name and/or No.	
2 Name of Operator COG Operatin	g LLC	ARTESIA.	9 API Well No			
3a Address 3b Phone No (include area code)					30-015-23369	
550 W. Texas Ave., Suite 1300 M		!		10 Field and Pool, or Exploratory Area  Loco Hills; OU-GB-SA, South		
4 Location of Well (Footage, Sec., T.	K., M. or Survey Description)	,	11 County or Parish, State			
990 FNL & 330 FEL SEC. 31, T18S, R29E, UNIT A				EDDY, NM		
12 CUICCE ADD	DODDLATE DOV(EC) TO	INIDICATE NA	TIDE OF NOTICE	DEDORT O		
	ROPRIATE BOX(ES) TO	INDICATE NA			R OTHER DATA	
TYPE OF SUBMISSION			TYPE OF ACTION			
Notice of Intent	Acidize	Deepen	<del></del>	(Start/Resume)	Water Shut-Off	
	Alter Casing	Fracture Treat	Reclamation		Well Integrity	
Subsequent Report	Casing Repair Change Plans	New Construc	· · · · · · · · · · · · · · · · · · ·		✓ Other  Return to Active	
Final Abandonment Notice	Convert to Injection	Plug and Aban Plug Back	Water Dispo		Status	
13. Describe Proposed or Completed			· · · · · · · · · · · · · · · · · · ·			
	turned this well to production POOH with rods and pump	•	•			
SDFD.  06/24/08 Key Unit, Stone I rods as follows: 2x1 1/2x10'				action. RD clean		
NOTE: This well was on the	Inactive well list and it has	been returned to	production effective (	6/24/08 A	CCEPTED FOR RECO	
If well goes off prod	luction for more tha	n		1	JOZI TED TON NEOU	
30 days notify BL	M by Sundry within	•••				
5 busin	ess days				JUL 7 2008	
					/s/ JD-Whitlock .lr	
14 Thereby certify that the forego Name (Printed/Typed)	ing is true and correct					
Kanicia Carrillo		Tit	le Regulatory Analys	it	BUREAU OF LAND MANAGEMENT	
Signature	<u> </u>	Da	te	06/26/2008	CARLSBAD FIELD OFFICE	
	THIS SPACE FOR F			CF USF		
			1317123171			
Approved by			Title		Date	
Conditions of approval, if any, are atta certify that the applicant holds legal or which would entitle the applicant to co		Office				
Title 18 U.S.C. Section 1001 and Title 43		crime for any ners	on knowingly and willfu	illy to make to an	y department or agency of the United	
States any false, fictitious or fraudulent	statements or representations a	is to any matter with	nin its jurisdiction	my to make to an	s department of agency of the Office	

(Instructions on page 2)