UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FOR OME Expir

RM APPROVED 135	K
res: July 31, 2010	

SUNDRY NOTICES AND REPORTS ON WELLS AUG 12 2009 not use this form for proposals to drill and

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

NMLC029418A 6. If Indian, Allottee or Tribe Name

5. Lease Serial No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well					8. Well Name and No. SKELLY UNIT 616		
☑ Oil Well ☐ Gas Well ☐ Other 2 Name of Operator Contact: KANICIA CARRILLO					9. API Well No.		
COG OPERATING LLC E-Mail: kcarrillo@conchoresources.com				, [30-015-36889-00-X1		
3a. Address 550 W TEXAS, STE 1300 MIDLAND, TX 79701	FASKEN TOWER II	3b. Phone No Ph: 432-68	. (include area code 5-4332	e) 1	0. Field and Pool, or FREN	Exploratory	
4. Location of Well (Footage, Sec., T, R., M., or Survey Description)					11. County or Parish, and State		
Sec 23 T17S R31E NWNW 1150FNL 1150FWL 32.82420 N Lat, 103.84517 W Lon					EDDY COUNTY, NM		
12. CHECK A	APPROPRIATE BOX(ES) To	O INDICATE	NATURE OF	NOTICE, REP	ORT, OR OTHER	R DATA	
TYPE OF SUBMISSION		TYPE OF ACTION					
☐ Notice of Intent	Acidize	□ Deep	oen	Production (Start/Resume)		☐ Water Shut-Off	
_	☐ Alter Casing	□ Frac	ture Treat	Reclamati	on	☐ Well Integrity	
Subsequent Report Subsequent Re	☐ Casing Repair	□ New	Construction	Recomplete		Other Well Spud	
☐ Final Abandonment Notice	ce Change Plans	□ Plug	and Abandon	☐ Temporar	orarily Abandon Well Spud		
	Convert to Injection	□ Plug	Back	☐ Water Disposal			
Tested BOP to 1000# for 07/15/09 TD 11" @ 1812. 10:30am. Circ 169sx. WC 07/22/09 TD 7-7/8" @ 68	63. Ran 11jts 13-3/8 H40 48	1810. Cmt w/ 4 for 30 min, ok £ @ 6810. Cmt	400sx C lead, 2 c. w/ 750sx C lea	:00sx C tail. PE	0@		
14. I hereby certify that the forego	ping is true and correct. Electronic Submission For COG	#72618 verifie	by the BLM We	Il Information S	ystem		
	Committed to AFMSS for pro-	cessing by KU	RT SIMMONS on	. 07/29/2009 (09 i	KMS1885SE)		
Name (Printed/Typed) KANI	CIA CARRILLO		Title PREPA	ARER		·	
Signature (Electr	onic Submission)		Date 07/29/2	2009	, 		
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE USI	E		
Approved By ACCEF	PIED		JAMES A TitleSUPERV	AMOS ISOR EPS		Date 08/09/20	
Conditions of approval, if any, are a certify that the applicant holds legal which would entitle the applicant to	or equitable title to those rights in conduct operations thereon.	the subject lease	Office Carlsba			200 3	
Fitle 18 U.S.C. Section 1001 and Ti States any false, fictitious or fraud	tle 43 U.S.C. Section 1212, make it ulent statements or representations	a crime for any p as to any matter v	erson knowingly a vithin its jurisdiction	nd willfully to ma on.	ke to any department	or agency of the United	