

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO 1004-0135
Expires: July 31, 2010**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.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC054988B /
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 550 WEST TEXAS AVE STE 1300 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	8. Well Name and No. JENKINS B FEDERAL 3 /
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) / Sec 20 T17S R30E 330FNL 2310FWL /		9. API Well No. 30-015-04216 /
		10. Field and Pool, or Exploratory LOCO HILLS; GLORIETA, YESO
		11. County or Parish, and State EDDY COUNTY, NM /

RECEIVED

FEB 19 2010

NMOCD ARTESIA

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input checked="" type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once 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.)

Objective: Convert the well from a producer to a Paddock water injection well. (Pumping unit will be moved prior to conversion.)

Accepted for record

NMOCD RT
2/23/10

- MIRU POH w/ rods & tbg
- PU & RIH w/ 3-3/4" bit & scraper on 2-3/8" WS, CO to PBTD @ 4726', Circ clean. POOH & LD bit and scraper.
- RIH w/ WS & 4-1/2" pkr, & CBP. Set CBP @ +/- 4290', set pkr @ +/- 4000'.
- Dump 3 sxs (1 sx= 100#) of sand on CBP. Test annulus to 500 psi for 30 min.
- Establish injection rate into perfs
- POOH & LD pkr.
- TIH w/ composite cmt retainer & set @ +/- 4000'.
- Mix and pump lead, 250 sxs Class 2C? cmt + 2% CaCl + 5 #/sx Gilsonite, tail end w/ 200 sx class

wfx 861

SEE ATTACHED FOR
CONDITIONS OF APPROVALSUBJECT TO LIKE
APPROVAL BY STATE

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #79560 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/05/2010
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By	Title
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	Date
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 submit to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	

APPROVED

FEB 16 2010

Is/ Chris Walls

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Additional data for EC transaction #79560 that would not fit on the form

32. Additional remarks, continued

?C? neat.

9. Hesitate as necessary to obtain a squeeze of 2500psi.

10. Sting out of retainer & circ tbg & annulus clean. POOH. WOC overnight.

11. Test to 500psi for 30 min PU & RIH w/ 3-3/4? bit, bit sub, 6- 2-7/8? DC?s on 2-3/8? WS and DO cmt retainer and CBP. CO to PBTD @ 4726?, circ clean. POOH & LD drilling assembly.

12. RIH w/ WS & 4-1/2? treating pkr, set pkr @ +/- 4300?.

13. RU acid company

14. Pump 2500 gals 15% HCl while dropping 50 bioballs as a diverter. Displace w/ 50bbls FW.

Monitor backside as job is being pumped.

15. RD & Rls acid company.

16. Rls pkr & POOH w/ pkr & WS.

17. RIH w/ 2-7/8? inj tbg w/ turndown collars & inj pkr. Set pkr @ 4250?.

18. Rls on/off tool, Circ annulus w/ pkr fluid, latch onto on/off tool.

19. Test csg to 500psi. *

20. Begin Injection as permitted on the C108

* MUST BE WITNESSED BY THE OCD
UNLESS IT IS BEING WITNESSED BY THE BLM.

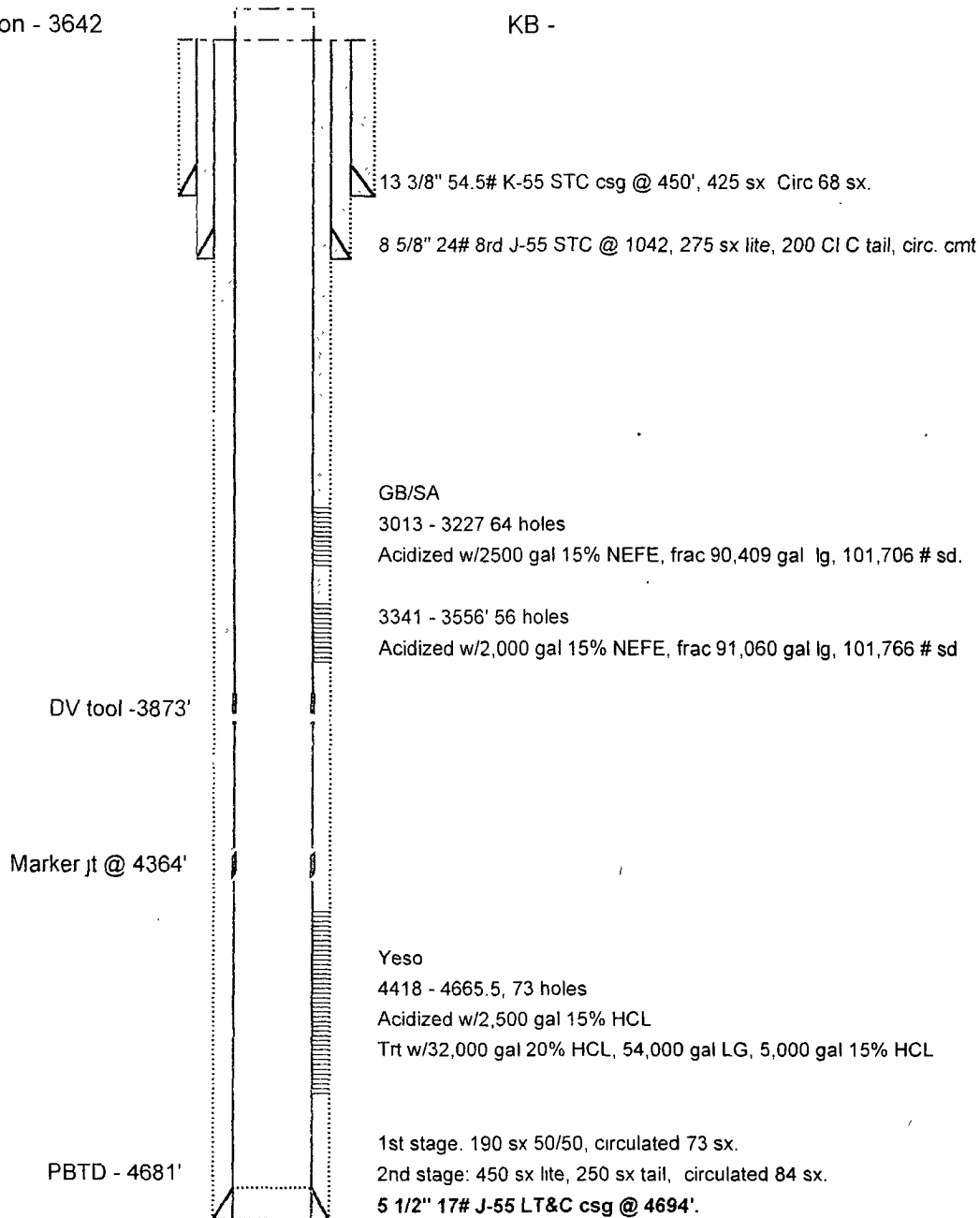
COG Operating LLC

Lease & Well # Jenkins B Federal # 11

SPUD: 12/1/99

Elevation - 3642

KB -



COG Operating LLC

Lease & Well #

Jenkins B Federal # 11

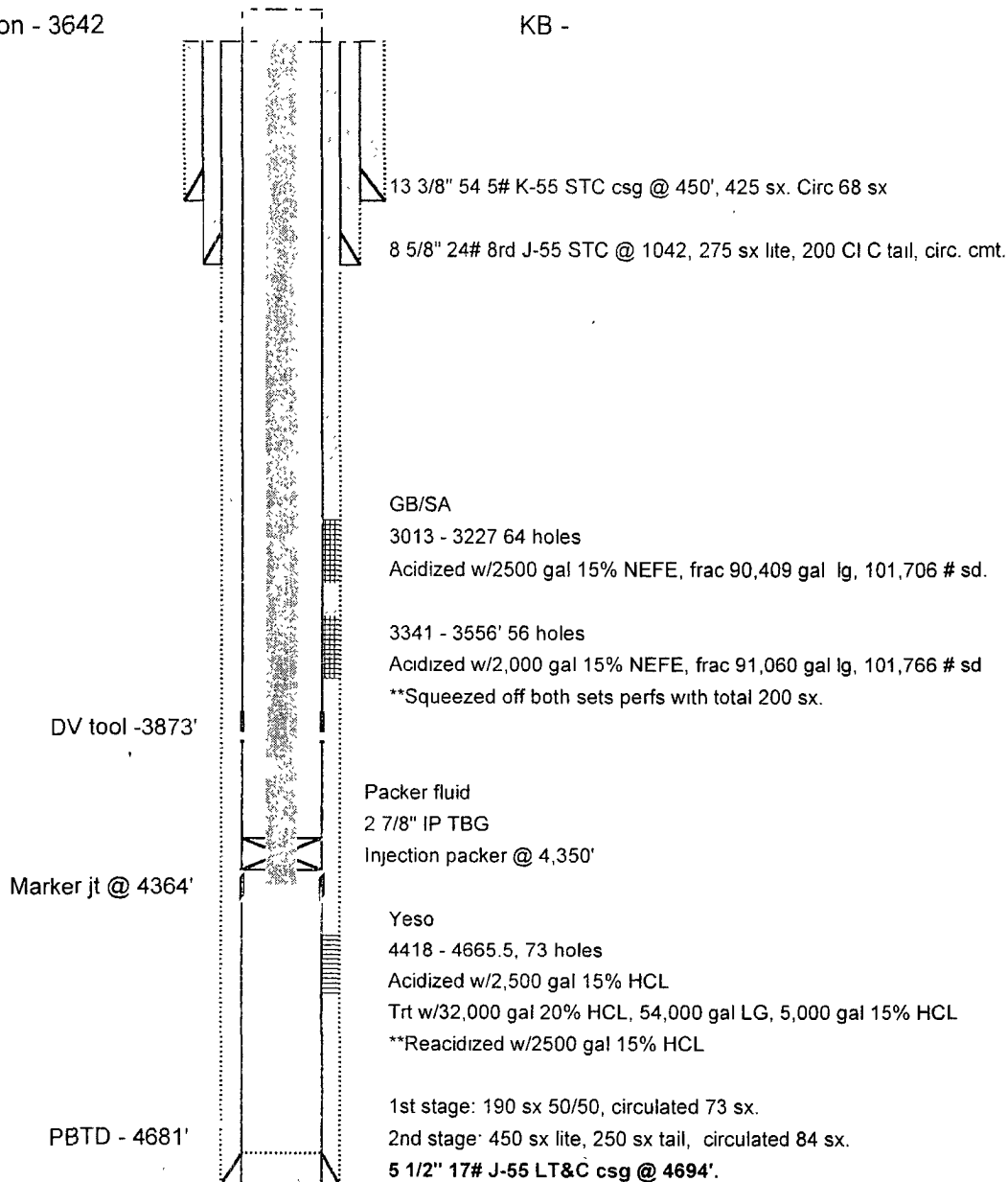
WIW

30 015 30665

SPUD: 12/1/99

Elevation - 3642

KB -



**Jenkins B Fed 3
30-015-04216
COG Operating LLC
February 10, 2010
Conditions of Approval**

- 1. Surface disturbance beyond the existing pad must have prior approval.**
- 2. Closed loop system required.**
- 3. Operator to have H2S monitoring equipment on location as H2S has been reported from wells in the area.**
- 4. A minimum of a 2M BOP is required and must be tested prior to starting operations.**
- 5. Contact BLM 575-361-2822 a minimum of 4 hours prior to step 19 pressure test.**
- 6. Subsequent sundry with NMOCD order number and completion report required.**

CRW 021010