Form 3160-5 (August 2007)

UI ID STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.					NMLC028731A		
					6. If Indian, Allottee or Tribe Name		
	·				7 1611-2 (1)	No.	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well Our records show wIn (?)					8. Well Name and No. DODD FEDERAL 43		
2. Name of Operator Contact: NETHA AARON					9. API Well No.		
COG OPERATING LLC	s.com	30-015-26198					
3a. Address 3b. Phone No. 550 WEST TEXAS SUITE 100 Ph: 432-8 MIDLAND, TX 79701 Fx: 432-68					10. Field and Pool, or Exploratory GRBG JACKSON;SR-Q-G-SA		
4. Location of Well (Footage, Sec., 7			11. County or Parish	n, and State			
Sec 14 T17S R29E 2180FSL	EDDY COUNTY COUNTY, NM		TY COUNTY, NM				
12. CHECK APP	ROPRIATE BOX(ES) TO) INDICATE	NATURE OF N	OTICE, RI	EPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION	TYPE OF	ACTION					
N. C.	Acidize Dee		pen Produc		tion (Start/Resume) Water Shut-Off		
□ Notice of Intent					mation Well Integrity		
Subsequent Report	,		v Construction Recom		lete	Other	
		_	g and Abandon Tempor		arily Abandon		
	Convert to Injection			Back Water D		Disposal proposed work and approximate duration thereof.	
Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final A determined that the site is ready for 1/19/11 MIRU. UNHANG WI BABBEL PARTED NU BOP 1/20/11 TEST CSG TO 500# IPC TBG, ON/OFF TOOL ANI HOLE. 1/25/11 RUN 500# MIT TEST GRAY W/NMOCD. RIH W/12 WELL ON.	I operations. If the operation rebandonment Notices shall be filtered by the f	sults in a multipled only after all BE PARTED MIN. POO O TEST TBG SSED MIT. W OT @3999. RI	e completion or reco requirements, include. POOH W/ROD H W/129 JTS OF GOING BACK II	DS. PUMP	APR 7	160-4 shall be filed once d, and the operator has	
SUNSE FOR AN	R 2 5 2011	B	URFAU OF LAND I CARLSBAD FIEL	MANAGEMENT LD OFFICE			
14. Thereby certify that the foregoing is	1100 4/26(1)	- NMO	D ARTES!	\			
14. Thereby certify that the folegoing is	Electronic Submission #	105925 Verifie	d by the BLM Well C, sent to the Ca	I Information	System		
Name(Printed/Typed) NETHA AARON			Title AUTHORIZED REPRESENTATIVE				
			····				
Signature (Electronic	Date 04/06/2011						
	THIS SPACE FO	OR FEDERA	L OR STATE (OFFICE US	SE		
Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant or			Title Date				
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conditions.	Office		<i>i</i> :				