

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

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 NMLC029509A
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: PHYLLIS A. EDWARDS E-Mail: pedwards@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No
3a. Address 550 W. TEXAS SUITE 1300 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4340 Fx: 432-685-4399	8. Well Name and No M C FEDERAL 20
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 21 T17S R32E NWSW 1500FSL 990FWL 32.81689 N Lat, 103.77630 W Lon		9. API Well No. 30-025-38703
		10. Field and Pool, or Exploratory MALJAMAR;YESO, WEST 44500
		11. County or Parish, and State LEA COUNTY, NM

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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input 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 recomplete 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 recompletion 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.)

COG Operating LLC respectfully requests permission to
change the intermediate hole size from 12-1/4" to 11".

The other components of the proposed casing & cement program would remain the same.

RECEIVED

MAR 06 2008

HOBBS OCD

14. I hereby certify that the foregoing is true and correct. Electronic Submission #58734 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) PHYLLIS A EDWARDS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 02/22/2008
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By <i>Chris Williams</i> OC DISTRICT SUPERVISOR/GENERAL MANAGER	APPROVED MAR 26 2008 FEB 28 2008 WESLEYA INGRAM PETROLEUM ENGINEER
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	
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	

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