

**District I**  
1625 N. French Dr., Hobbs, NM 88240  
Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
811 S. First St., Artesia, NM 88210  
Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410  
Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
1220 S. St Francis Dr., Santa Fe, NM 87505  
Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 76871

**QUESTIONS**

|                                                                           |                                                   |
|---------------------------------------------------------------------------|---------------------------------------------------|
| Operator:<br>COG OPERATING LLC<br>600 W Illinois Ave<br>Midland, TX 79701 | OGRID:<br>229137                                  |
|                                                                           | Action Number:<br>76871                           |
|                                                                           | Action Type:<br>[UF-FAC] TB Registration (TB-REG) |

**QUESTIONS**

|                                                                                     |                        |
|-------------------------------------------------------------------------------------|------------------------|
| <b>Facility Details</b><br><i>Please answer all of the questions in this group.</i> |                        |
| Name of the facility                                                                | BLIND SQUIRREL BATTERY |
| Date the facility was opened                                                        | Not answered.          |
| Depth to ground water, if known                                                     | Not answered.          |

|                                                                |    |
|----------------------------------------------------------------|----|
| <b>Verification</b>                                            |    |
| Does the operator have other facilities with a matching name   | No |
| Are there other facilites located within approximately 50 feet | No |

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ACKNOWLEDGMENTS  
  
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ACKNOWLEDGMENTS

|                                     |                                                                                              |
|-------------------------------------|----------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | I certify that I am authorized to register a facility on behalf of the responsible operator. |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD of any changes of ownership for this facility.              |
| <input checked="" type="checkbox"/> | I certify that I will notify OCD when this facility is closed.                               |