



UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOV 18 2008

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.

OCD-ARTESIA

5. Lease Serial No.
NMNM0467932

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.
W D MCINTYRE E 6

9. API Well No.
30-015-31564-00-S1

10. Field and Pool, or Exploratory
LOCO HILLS

11. County or Parish, and State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: KANICIA CARRILLO
E-Mail: kcarrillo@conchoresources.com

3a. Address
550 W TEXAS, STE 1300 FASKEN TOWER II
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 432-685-4332

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T17S R30E SESW 990FSL 1650FWL

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 checked="" 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 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 recomplate 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 respectfully request an extension on the 90 day deepening on this well. We would like to request an additional 9 mths.

Attached is the original approval, COA and C-102.

ACCEPTED FOR RECORD

Extension expires 5/10/09.

NOV 19 2008

Gerry Guye, Deputy Field Inspector
NMOCD-District II ARTESIA

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #64664 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by KURT SIMMONS on 11/12/2008 (09KMS0304SE)**

Name (Printed/Typed) KANICIA CARRILLO Title PREPARER

Signature (Electronic Submission) Date 11/11/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By WESLEY INGRAM Title PETROLEUM ENGINEER Date 2008 11/13/2008

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 Carlsbad

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NOV 18 2008
OGD-ARTESIA

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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SUBMIT IN TRIPLICATE - Other instructions on reverse side.		5. Lease Serial No. NMNM0467932
		6. If Indian, Allottee or Tribe Name
		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. W D MCINTYRE E 6	
2. Name of Operator COG OPERATING LLC	Contact. KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com	9. API Well No. 30-015-31564-00-S1
3a. Address 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	10. Field and Pool, or Exploratory LOCO HILLS
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R30E SESW 990FSL 1650FWL		11. County or Parish, and State EDDY COUNTY, NM

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COG Respectfully request to deepen to the Yeso as follows:

1. MIRU rig.
2. PU 4-3/4" bit and drill 4-3/4" from 5790' to 6200'.
3. POOH w/bit and drillstring.
4. RIH w/ logs and log from TD to 5700'.
5. RIH w/4", 11.3# casing.
6. Cmt casing from TD to 5750'. w/115 sxs class C cmt.
7. RDMO rig.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #59855 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 04/24/2008 (08KMS1539SE)	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 04/23/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>WESLEY INGRAM</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>05/10/2008</u>
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 <u>Carlsbad</u>

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Revisions to Operator-Submitted EC Data for Sundry Notice #59855

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DEEP	DEEP NOI
Lease:	NMNM0467932	NMNM0467932
Agreement:		
Operator:	COG OPERATING LLC 550 WEST TEXAS AVE STE 1300 MIDLAND, TX 79701 Ph: 432-683-7443	COG OPERATING LLC 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701 Ph: 432.685.4340
Admin Contact	KANICIA CARRILLO PREPARER E-Mail: kcarrillo@conchoresources.com Ph: 432-685-4332	KANICIA CARRILLO PREPARER E-Mail: kcarrillo@conchoresources.com Ph: 432-685-4332
Tech Contact:	KANICIA CARRILLO PREPARER E-Mail: kcarrillo@conchoresources.com Ph: 432-685-4332	KANICIA CARRILLO PREPARER E-Mail: kcarrillo@conchoresources.com Ph: 432-685-4332
Location:		
State:	NM	NM
County:	EDDY	EDDY
Field/Pool:	LOCO HILLS;GLORIETA-YESO	LOCO HILLS
Well/Facility:	W D MCINTYRE E 6 Sec 20 T17S R30E 990FSL 1650FWL	W D MCINTYRE E 6 Sec 20 T17S R30E SESW 990FSL 1650FWL

Kanicia Carrillo

From: wingram@blm.gov
Sent: Saturday, May 10, 2008 12:24 PM
To: Kanicia Carrillo
Subject: Well W D MCINTYRE E 6
Attachments: EC59855.pdf

The sundry for Deepen you submitted has been approved by the BLM. Your original EC transmission was assigned ID 59855. Please be sure to open and save all attachments to this message, since they contain important information.

Conditions of Approval

1. Work to be complete within 90 days.
2. Variance for stand-off of less than 0.422" is approved due to NMOCD classifying the formations in this area as the Yeso group - Pool 96718.
3. Variance for not testing seal also approved based on NMOCD classification of formations in this area as the Yeso group - Pool 96718.
4. Radial CBL to be run. Submit copy to BLM.
5. Surface disturbance is not to exceed existing pad without prior approval.
6. Steel tanks to be used.
7. BOP to be tested to 1000 psi based on BHP expected.
8. Subsequent sundry and completion report required when work is complete.

District I
1625 N. French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised June 10, 2003
Submit to Appropriate District Office
State Lease - 4 Copies
Fee Lease - 3 Copies

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-31564	² Pool Code 96718	³ Pool Name Loco Hills; Glorieta-Yeso
⁴ Property Code 302576	⁵ Property Name W D McIntyre E	
⁷ OGRID No. 229137	⁸ Operator Name COG OPERATING LLC	⁶ Well Number 6
⁹ Elevation 3627		

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	20	17S	30E		990	South	1650	West	Eddy

¹¹ Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

¹² Dedicated Acres 40	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

	¹⁷ OPERATOR CERTIFICATION <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.</i>
	Signature
	Printed Name Kanicia Carrillo
	Title and E-mail Address Regulatory Analyst
Date 04/23/08	
	¹⁸ SURVEYOR CERTIFICATION <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>
	Referred Original Plat
	Date of Survey
	Signature and Seal of Professional Surveyor:
	Certificate Number