Form 3160-5 (August 2007)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD - Artesea FORM APPROVED OMB NO 1004-0135

SUNDRY Do not use thi abandoned wel SUBMIT IN TRII 1. Type of Well Gas Well Gas Well Oth	S. Lease Serial No. NMLC028731B If Indian, Allottee or Tribe Name If Unit or CA/Agreement, Name and/or No. NMNM111789X Well Name and No. DODD FEDERAL UNIT 131							
Name of Operator COG OPERATING LLC	9. API Well No. 30-015-36731-00-S1							
3a. Address 550 WEST TEXAS AVENUE S MIDLAND, TX 79701	SUITE 1300	3b. Phone No. (include area code) Ph: 432-818-2319 Fx: 432-685-4396		10. Field and Pool, or Exploratory GRAYBURG JACKSON				
4. Location of Well (Footage, Sec., 7 Sec 14 T17S R29E NWNE 45 32.840661 N Lat, 104.045586	11. County or Parish, and State EDDY COUNTY, NM EPORT, OR OTHER DATA							
TYPE OF SUBMISSION	TYPE OF ACTION							
□ Notice of Intent Subsequent Report Final Abandonment Notice	☐ Acidize ☐ Alter Casing ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	☐ Deepen ☐ Fracture Treat ☐ New Construction ☐ Plug and Abandon ☐ Plug Back	Reclama	plete				
13. Describe Proposed or Completed Op- If the proposal is to deepen directions Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f Interim Reclamation complete	ally or recomplete horizontally, it will be performed or provide operations If the operation reso bandonment Notices shall be file inal inspection)	give subsurface locations and measur the Bond No on file with BLM/BIA sults in a multiple completion or reco	red and true ve Required sub impletion in a i	ertical depths of all pertur bsequent reports shall be new interval, a Form 316	nent markers and zones filed within 30 days 10-4 shall be filed once			

Downsized: 80'on North side 70'on West side

Ready for inspection.

NMOCD ARTESIA Accepted for record

NMOCD

14. Thereby certify that the foregoing is true and correct.

Electronic Submission #108485 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by KURT SIMMONS on 05/17/2011 (11KMS1676SE) Name (Printed/Typed) NETHA AARON **AUTHORIZED REPRESENTATIVE** 05/17/2011 (Electronic Submission) Date Signature

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved	_Бу													
	-	— . '	<u> </u>			$\overline{}$			$\overline{\cdot}$		_		_	$\overline{}$
Conditions	ot appr	ovai, i	t any,	are at	tacnea	. Apj	prova	n oi ti	นร ทด	otice	aoes	not v	warra	nt o
ertify that	the app	licant	holds	legal of	or equi	table	title i	to tho	se rig	ghts i	n the	sub	ect le	ase
التحديد كأحثنا	الفنوسم لم	a +ha a					+:	aa tha		_		_		

JAMES A AMOS Title SUPERVISOR EPS

Date 07/16/2011

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.