Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artegia

FORM APPROVED OMB No 1004-0137

Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS					5 Lease Senal No NMNM54291		
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.				6. If Indian, Allo	6. If Indian, Allottee, or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7 If Unit or CA	Agreement Name and/or No NM89162		
Type of Well X Oil Well Gas Well Other			8 Well Name an				
2 Name of Operator		, =1, -1	· · · · · · · · · · · · · · · · · · ·	Gehi	Gehrig Federal Com #5H		
COG Operating LLC				9 API Well No		_	
3a Address 2208 W. Main Street	3b	Phone No (include	ŕ		30-015-37678		
Artesia, NM 88210		575-748-6946		10 Field and Poo	10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)		Lat.			nyon; Bone Spring, South		
SHL: 430' FSL & 330' FEL, Unit P (SESE) Sec 9-7 BHL: 331' FNL & 349' FEL, Unit A (NENE) Sec 9-7		I	Long.	11 County or Pa	,		
12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DA					y INIVI	_	
TYPE OF SUBMISSION			PE OF ACTION			_	
				**	Water Class of	_	
	☐ Dee	-	=	ion (Start/ Resume)	Water Shut-off		
Altering Casing		cture Treat	Reclama		Well Integrity		
X Subsequent Report Casing Repair	∐ Nev	v Construction	Recomp	olete	X Other	_	
Change Plans	Plug	g and abandon	Tempor	arily Abandon	Completion Operations		
Final Abandonment Notice Convert to Injection		g back	ck • Water Disposal			_	
11/25/10 Rig released. 5/23/11 to 5/26/11 MIRU WSU. Tag & drill ou out 2nd DVT @ 6831'. Circulate clean. Test csg 5/27/11 to 6/11/11 Perforate Bone Spring 7450 3069103 gal fluid. 6/20/11 MIRU CTU & drill out all frac plugs. E 7/22/11 Set 2 7/8" J-55 tbg & pkr @ 6860'. 8/24/11 Place well on pump.	g to 3000#. (-11600' (325) Began flowing	Ok. Tag PBT)). Acdz w/38'	D @ 11717' 766 gal 15%	ACCEPTED	_		
		D ARTES			AND MANAGEMENT D FIELD OFFICE		
14 I hereby certify that the foregoing is true and correct	NNIOC			CARLODAL	THELD OFFICE	_	
Name (Printed/ Typed)		Total Control					
Stormi Davis		Regulatory Analyst					
Signature Standard	٠	Date 9/12/11					
THIS SPACE	E FOR FED	ERAL OR ST		E USE			
Approved by		Title		Da	ate.	_	
Conditions of approval, if any are attached Approval of this notice		nt or		Da			
	operations the	reon					
Title 18 USC Section 1001 AND Title 43 USC Section 1212, States any false, fictitiousor fraudulent statements or representations as to an			knowingly and	d willfully to make any	department or agency of the Unit	ted	