

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

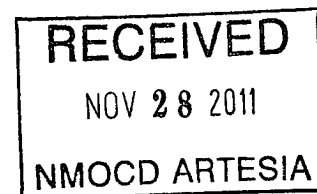
1 Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5 Lease Serial No NMLC049998A
2 Name of Operator COG OPERATING LLC		6 If Indian, Allottee or Tribe Name
Contact: NETHA AARON E-Mail: OAARON@CONCHO.COM		7. If Unit or CA/Agreement, Name and/or No
3a Address 550 WEST TEXAS SUITE 100 MIDLAND, TX 79701	3b Phone No. (include area code) Ph. 432-818-2319 Fx 432-685-4396	8. Well Name and No. FOSTER EDDY 22
4 Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 17 T17S R31E 330FNL 1020FEL 32.840773 N Lat, 103 886095 W Lon		9 API Well No. 30-015-39122
		10. Field and Pool, or Exploratory MAR LOCO;GLORIETA-YESO
		11. County or Parish, and State EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input 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 checked="" 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"/> Drilling Operations
	<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 recompleat 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.)

10/16/11 MIRU. Tested BOP to 3500# for 30 min, Good.
10/17/11 Perf Lower Blinbry @ 5950 - 6150 w/1 SPF, 26 holes
10/18/11 Acidized w/3500 gals 15% HCL. Frac w/114,756 gals gel, 147,450#
16/30 Ottawa sand, 34,272# 16/30 CRC. Set CBP @ 5910.
Perf Middle Blinbry @ 5605 - 5880 w/1 SPF, 27 holes.
Acidized w/3500 gals 15% HCL. Frac w/112,956 gals
gel, 145,327# 16/30 Ottawa sand, 29,651# 16/30 CRC. Set CBP @ 5565.
Perf Upper Blinbry @ 5335 - 5535 w/1 SPF, 26 holes. Acidized
w/3500 gals 15% HCL. Frac w/114,850 gals gel, 148,400# 16/30 Ottawa
sand, 30,000# 16/30 CRC. Set CBP @ 5090.
Perf Paddock @ 4860 - 5060 w/1 SPF, 26 holes. Acidized w/3000 gals
15% HCL. Frac w/86,954 gals gel, 90,447# 16/30 Ottawa sand,



14 I hereby certify that the foregoing is true and correct Electronic Submission #123712 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) NETHA AARON	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 11/21/2011

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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.	Date DEC 14 2011
	Office _____

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 **



PO Box 1370
Artesia, NM 88211-1370
(575) 748-1288

30-015-39122

September 29, 2011

COG, LLC
Fasken Center, Tower II
550 West Texas Ave, Suite 1300
Midland, TX 79701

RE: Foster Eddy #22
330' FNL & 1020' FEL
Sec. 17, T17S, R31E
Eddy County, New Mexico

Dear Sir,

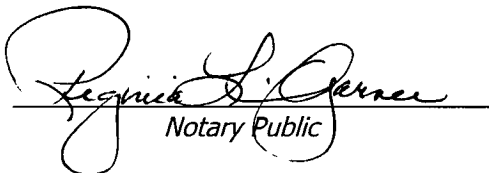
The attached is the Deviation Survey for the above captioned well.

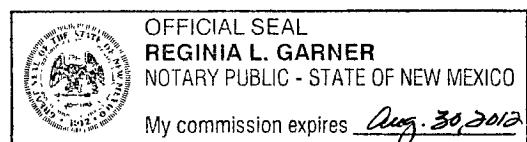
Very truly yours,


Eddie C. LaRue
Operations Manager

State of New Mexico }
County of Eddy }

The foregoing was acknowledged before me this 29th day of September, 2011.


Notary Public



Foster Eddy #22

Date	Depth	Dev/Inc	TVD
9/19/2011	221	0.10	277
9/21/2011	651	0.90	691
9/21/2011	963	0.40	1003
9/21/2011	1446	0.10	
9/22/2011	1758	0.80	
9/23/2011	2004	0.40	
9/24/2011	2503	0.50	2573
9/24/2011	3002	1.30	3071
9/24/2011	3250	1.20	
9/24/2011	3497	1.00	
9/25/2011	3749	1.40	3819
9/25/2011	3998	1.30	4068.00
9/25/2011	4498	0.70	4566.00
9/26/2011	4994	0.30	
9/26/2011	5493	0.90	5562.00
9/26/2011	5992	0.50	
9/27/2011	6273	0.70	6336.00