Form 3160- 5 (August, 2007) OCD-ARTESIA

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB No 1004-0137

Expires July 31, 2010

CARLSBAD FIELD OFFICE

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 page 2.  1 Type of Well Oh Well Oh Well Other				NMNM120344  6 If Indian, Allottee, or Tribe Name		
				i maiai, mono,		
				7 If Unit or CA Agreement Name and/or No		
				8 Well Name and No		
2 Name of Operator				Bawh State Com #1H		
COG Operating LLC				9 API Well No		
3a Address 2208 W. Main Street				30-015-36287		
Artesia, NM 88210	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)  Lat.			Lat.	Walnut Canyon; Upper Penn (G)		
SHL: 1930' FSL & 810' FEL, BHL: 776' FNL & 988' FEL,	• •		Long.	11 County or Parish,  Eddy	State NM	ſ
12 CHECK APPROPRIATE BOX			RT, OR OTHER DA	<u> </u>	1117	
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·	TY	PE OF ACTION			
Notice of Intent	Acıdıze	Deepen	Production ( Sta	ort/ Resume)	Water Shut-off	
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	
E character	Casing Repair		_	· —	-	·
Subsequent Report	Change Plans	New Construction	Recomplete	<u>  X</u>	Completion Oper	rations
<b>—</b>		Plug and abandon	Temporarily Al		Completion Oper	utions
Final Abandonment Notice  13 Describe Proposed or Completed O	Convert to Injection	Plug back	Water Disposal			
9/26/11 to 10/11/11 Clean	Tag DVT @ 8796' & drill ou down to PBTD @ 11913'. ( ate Bone Spring 9950-11903	Circulate clean.			# sand &	
11/4/11 Began flowing back.				RECEIVED		
11/11/11 to 12/1/11 Drilled out all frac plugs. Set 2 3/8" N-80 tbg & pkr @ 9122'.						}
				J <i>A</i>	AN <b>31</b> 2012	
Accepted for record				NMO	CD ARTES!	4
		NMOCD,	5091 horz	<u></u>		3
	,	·	102 Mar			
14. I hereby certify that the foregoing is true	and correct					
Name (Printed/ Typed)		Title				
Stormi Davis			ulatory Analyst	WITTE DIE	IVEND DEL	ich.
Signature	zus	Date 1/16		MUULTIL	D I DIV IVEC	<u>۱۷۱۷ ر</u>
	THIS SPACE FOR	R FEDERAL OR ST	ATE OFFICE US	E		<u> </u>
Approved by		Title <sup>.</sup>		Dates A	V 2 8 2012	
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 Office which would entitle the applicant to conduct operations thereon				1/2	2012	
Which would entitle the approximate 18 U.S.C. Section 1001 AND Tit States any false, fictitiousor fraudulent statem			n knowingly and willf	ully to make any dep	partment or agency of	the Unit
States any false, fictitiousor fraudulent statem	ents or representations as to any matter	within its jurisdiction		/ RIXREAU OF	<u>LIAND MANAGEN</u>	<u>IENI</u>

(Instructions on page 2)