Form 3160- 5 (August, 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010 5. Lease Serial No.			
SUNDRY NOTICES AND REPORTS ON WELLS					NMNM057239			
	o not use this form for propos Indoned well. Use Form 3160-			6. If Indian, Allo	ottee, or Tribe Name			
	N TRIPLICATE - Other Inst	ructions on page 2.		7. If Unit or CA	. Agreement Name and	/or No.		
Type of Well Gas Well Gas Well	Other			8. Well Name and No.				
2. Name of Operator					Lizard Pot Federal Com #2H			
COG Operating LLC	· · · · · · · · · · · · · · · · · · ·	al Dhara Ma Ga	J. J	9. API Well No.				
3a. Address 2208 W. Main Street		3b. Phone No. (inc 575.	-748-6946		30-015-38146			
Artesia, NM 88210 4. Location of Well (Footage, Sec., T., J	R M or Survey Description)		Lat.		10. Field and Pool, or Exploratory Area WC Williams Sink; Bone Spring			
SHL: 660' FSL & 1980' FWL, Unit N (SESW) Sec 36-T19S-R31E				11. County or Parish, State				
BHL: 337' FSL & 2002' FWL, Unit N (SESW) Sec 1-T20S-R31E				Eddy NM				
12. CHECK APPROPRIATE BO	DX(S) TO INDICATE NATUR	E OF NOTICE, REP	ORT, OR OTHER	DATA				
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·		TYPE OF ACTION					
Notice of Intent	Acidize	Deepen	Production (Start/ Resume)	tart/ Resume) Water Shut-off			
	Altering Casing	Fracture Treat	Reclamation	I	Well Integrity			
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other			
	Change Plans	Plug and abandon	Temporarily	Abandon	Completion	Operations		
Final Abandonment Notice	Convert to Injection	Plug back	Water Dispo	sal				
10/12/12 to 10/15/12 Per 3340624# sand and 29963 10/16/12 Began flowing I 11/10/12 to 11/14/12 Dri	Ill test plug in frac valve and forate Bone Spring 10121-1 79 gal fluid. Dack and testing. Il out all CFP's and circulate L-80 tbg @ 8632'. Place we	4081'. Acdz 1012 clean. ell on pump.	I-14588' w/27571	gal 7 1/2% aci	. :			
14. I hereby certify that the foregoing is to Name (Printed/ Typed)	rue and correct.			OCDIED	FOR REC	<u>UBU </u>		
Stormi Davis		Title:	gulatory Analyst	JUEFIEU	IUITILU			
Signature:	\mathbf{k}	. Deter	/28/12					
	THIS SPACE FO	DR FEDERAL OR S		ISE DEC	8 2012	<u> </u>		
Approved by	· · · · · · · · · · · · · · · · · · ·	Title:	——————————————————————————————————————	e K	fin			
Approved by: Conditions of approval, if any are atta certify that the applicant holds legal or		not warrant or		DUDENILOF I	AND MANAGEN	- NENT		
which would entitle the a	pplicant to conduct operat	ons thereon.				-		
Title 18 U.S.C. Section 1001 AND 7 States any false, fictitiousor fraudulent state (Instructions on page 2)			son knowingly and w	ilitully to make any	department—orager	icy of the United		
(<u></u>		

AND	
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