Form 3160- 5 (August, 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED OMB No. 1004- 0137

Expires: July 31, 2010

Lease Serial No.

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.

NMNM12559
6. If Indian, Allottee, or Tribe Name

7. If Unit or CA. Agreement Name and/or No.

| 1. Type of Well | | | | | |
|--|--|---------------------------------------|---|--|-------------|
| Oil Well Gas Well Other | | | | 8. Well Name and No. | |
| 2. Name of Operator | · | | | Baby Buddah 13 Federal #1H | |
| COG Production LLC | | | | API Well No. | |
| 3a. Address | 3b. Phone No. (include | e area code) | 30-015-40735 | | |
| 2208 W. Main Street Artesia, NM 88210 | 575-74 | 8-6940 | 10. Field and Pool, or Exploratory Area | | |
| 4. Location of Well (Footage, Sec., T., R., M. | Lat. | | Hay Hollow; Bone Spring | | |
| | | | 11 | County or Parish, State | |
| SHL: 2350' FSL & 190' FWL, Un | it L Sec 13-T26S-R28E | Long. | | Eddy County NM | |
| 12. CHECK APPROPRIATE BOX(S | S) TO INDICATE NATUR | E OF NOTICE, REPOR | T, OR OTHER DAT | | |
| TYPE OF SUBMISSION | <u>′ </u> | · · · · · · · · · · · · · · · · · · · | PE OF ACTION | | |
| Notice of Intent | Acidize | Deepen | Production (Start/ | Resume) Water Shut-off | |
| | Altering Casing | Fracture Treat | X Reclamation | Well Integrity | |
| X Subsequent Report | Casing Repair | New Construction | Recomplete | Other | |
| | Change Plans | Plug and abandon | Temporarily Aband | on | |
| Final Abandonment Notice | Convert to Injection | Plug back | Water Disposal | <u> </u> | |
| Reclamation complete per con | nditions of approval on o | 5/13/2013. | Approval S If BLM Obj | PECEIVED JUL 03 2013 NMOCD ARTESIA for Record Purposes. Subject to Onsite Inspectives are not achieved work may be required. 1. 2. 2. 4. 2. 2. 4. 2. 2. 4. 2. 2. 4. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. | tion. |
| | | | | | |
| I hereby certify that the foregoing is true as Name (Printed/ Typed) | nd correct. | 1 | | • | |
| Amy Avery . | | Title: | latory Technician | | |
| Signature: (Amus AN | BIAL | Data | | | |
| - Jing Fle | THIS SPACE FO | OR FEDERAL OR ST | · | | |
| | and or Ade I | | | | |
| Approved by: Conditions of approval, if any are attached | Approval of this notice does | . Title: | | Date: | |
| certify that the applicant holds legal or eq which would entitle the applic | uitable title to those rights in t | he subject lease Office: | | | |
| | 43 U.S.C. Section 1212, make | e it a crime for any person | knowingly and willfully | to make any department or agency of the | e United |
| States any raise, incliniousor traudulent statemer | us or representations as to any mat | ter within its jurisdiction. | | | |