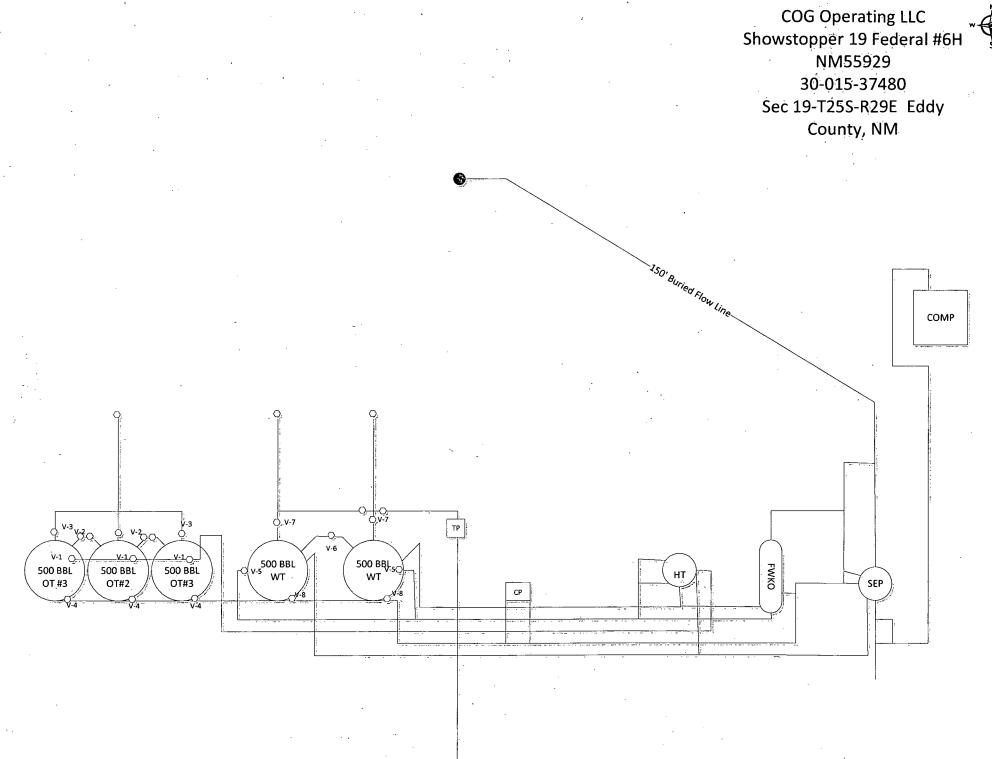
Form 3160- 5	UNITED	STATES	OCD Artesia	Į					
(August, 2007)		UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT			FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010				
	1								
				5. Lease Seria	al No.				
SUNDRY NOTICES AND REPORTS ON WELLS					NM55929				
	not use this form for propendent of the network of			6. If Indian, A	Allottee, or Tribe Name				
	N TRIPLICATE - Other In	N	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	7. If Unit or C	CA. Agreement Name and/or No.				
1. 'Type of Well Coll Well Gas Well Gas Well	Other			8. Well Name	and No				
2. Name of Operator		wstopper 19 Federal #6H							
COG Operating LLC	9. API Well N	* *							
3a. Address		ude area code)		30-015-37480					
2208 W. Main Street Artesia, NM 88210	575-	748-6940	10. Field and	nd Pool, or Exploratory Area					
4. Location of Well (Footage, Sec., T., R	-		ow Lake; Bone Spring; SE						
SHL: 330' FSL & 775' FV		11. County or							
				· · ·	County NM				
12. CHECK APPROPRIATE BO	X(S) TO INDICATE NATU				·				
			YPE OF ACTION		· · · · · · · · · · · · · · · · · · ·				
Notice of Intent	Acidize	Deepen	Production (Sta	rt/ Resume)	Water Shut-off				
	Altering Casing	Fracture Treat	Reclamation		Well Integrity				
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other				
• •	Change Plans	Plug and abandon	Temporarily Ab	andon	Site Facility Diagram				
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal		······				
Attach the Bond under which the following completion of the involve	work will performed or provide ved operations. If the operation I Abandonment Notice shall be hal inspection.)	e the Bond No. on file wi results in a multiple compl	th the BLM/ BIA. Requetion or recompletion in	ired subsequer a new interv nantion, have	depths or pertinent markers and sands. nt reports shall be filed within 30 days val, a Form 3160-4 shall be filed once been completed, and the operator has				
JI	CEIVED			-	or Record Parposes. et to Oastie Inspections.				
14. I hereby certify that the foregoing is tr	ue and correct.		· · · ·						
Name (Printed/ Typed)		Title:	• • • •						
Amy Avery			gulatory Technician	1					
Signature: Amy. An	ery				preapal				
U ·	THIS SPACE	FOR FEDERAL OR S	TATEROFFICE	<u> PLAK</u>	KECOKD				
- lal 1 -			1 1						

Approved by: /s/ Jerry Blakley	1	Title:				Date:	·			
Conditions of approval, if any are attached. App certify that the applicant holds legal or equitable	roval of this notice does not warrant or	Office:	11	JUL 2	3 2()13				
Title 18 U.S.C. Section 1001 AND Title 43 U States any false; fictitiousor fraudulent statements or re		• •	nowingl	for a second		any depa	لم.	r agency	of the	United
(Instructions on page 2)	in the second			CARLSBAD FI	ELD (OFFICE]		
•										



COG Operating LLC Showstopper 19 Federal,#6H NM55929 30-015-37480 Sec 19-T25S-R29E Eddy[®]County, NM

1. Production Phase (OT#1)

- A. Valves #1;#2,#4;#5,#7 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #2 Positioned:
 - 1: Valves #1 ,#3 Closed and sealed

Production Phase (OT #2)

- A. Valves:#1;#2;#4,#5;#7 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
 - D. Valves on OT #1 and #3 Positioned:
 - 1. Valves #1,#3 & #4 Closed and Sealed

Production Phase (OT #3)

- A. Valves #1,#2,#4,#5,#6 & #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #7 Closed
- D. Valves on OT #2 and #1 Positioned:
 - 1. Valves #1,#2, #3 & #4 Closed and Sealed

II. Sales Phase (OT#1)

- A. Valves #1,#2 and #4 Closed and Sealed
- B. Valve #3 on OT #1 Open
- C. Valves on OT #2 Positioned:
- 1. Valve #1 Open
 - 2. Valve#2, #3 and #4 Closed and Sealed

Sales Phase (OT#2)

- "A. Valves #1,#2and #4 Closed and Sealed
- B. Valve #3 on OT #2 Open
- C. Valves on OT #1 Positioned:
 - 1. Valve #1 Open
 - 2. Valve #2, #3 and #4 Closed and Sealed

Sales Phase (OT#3)

- A. Valves #1,#2and #4 Closed and Sealed
- B. Valve #3 on OT #3 Open
- C. Valves on OT #1 and #2 Positioned:
 - 1. Valve #1 and #2 Open
 - 2. Valve #3 and #4 Closed and Sealed