Form 3160- 5	UNITED S	STATES	OCD Arte	sia	FORM APPROVED		
(August, 2007).	DEPARTMENT OF		1110		OMB No. 1004- 0137		
· · ·		BUREAU OF LAND MANAGEMENT			Expires: July 31, 2010		
		DEDODTOO		5. Lease Seria			
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.				6. If Indian. A	NMLC069033 6. If Indian. Allottee, or Tribe Name		
	TRIPLICATE - Other Ins			7. If Unit or C	A. Agreement Name and/or No).	
1. Type of Well			<u> </u>				
Cil Well Gas Well	Other		·	8. Well Name			
2. Name of Operator			· · · · · · · · · · · · · · · · · · ·	9. API Well N	efox 4 Federal Com #5	;H	
COG Operating LLC 3a. Address 3b. Phone No. (include a					-1		
2208 W. Main Street			575-748-6946		30-015-41423		
Artesia, NM 88210	·		**************************************	10. Field and Pool, or Exploratory Area			
4. Location of Well (<i>Footage, Sec., T., R.,</i> SHL: 670' FSL & 250' FWL,	198-R31F	Lat. DS-R31E		Hackberry; Bone Spring, North			
BHL: 416' FSL & 338' FEL,		Long. Eddy			Л		
12. CHECK APPROPRIATE BOX			REPORT OR O		<u></u>	<u> </u>	
TYPE OF SUBMISSION			TYPE OF AC				
Notice of Intent	Acidize	Deepen		duction (Start/Resume)	Water Shut-off		
	Altering Casing	Fracture Tre	at ' Rec	clamation	Well Integrity		
Subsequent Report	Casing Repair	New Constr	uction Rec	complete	X Other		
	Change Plans	Plug and ab	andon 🗌 Ter	mporarily Abandon	Completion Operations		
Final Abandonment Notice	Convert to Injection	Plug back	□ wa	ter Disposal			
following completion of the involve testing has been completed. Final determined that the site is ready for fina 7/12/13 to 7/19/13 Test 9 5 Acdz w/32849 gal 7 1/2% a 7/29/13 to 8/2/13 Drilled o 8/5/13 to 8/7/13 Set 2 7/8" 8/8/13 Began flowing back 8/11/13 Date of first produ	Abandonment Notice shall be linspection.) 5/8" x 5 1/2" annulus to 1 acid. Frac w/3313501# sa ut all frac plugs. Circulat 6.5# L-80 tbg @ 8263' & & testing.	filed only after a 500#. Test goo and & 2619666 te clean.	ull requirements. inclu od. Perforate Bo gal fluid.	uding reclamantion. have	been completed, and the o	operator has	
Accepted for red NMOCD ADale 9/17	SEP	RECEIVED SEP 17 2013		SEP 1 5 2013 BUIPEAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE			
14. I hereby certify that the foregoing is true	and correct.	(· · · ·		
Name (Printed/Typed)		Title	3 *	\smile			
Stormi Davis Regulatory Ar				nalyst			
Signature:	end	Date	^{e:} 8/28/13				
	THIS SPACE F	OR FEDERAL	OR STATE OF	FICE USE			
				· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	
Approved by: Conditions of approval, if any are attack certify that the applicant holds legal or which would entitle the app	equitable title to those rights in,	s not warrant or	itle:	I	Date:		
Title 18 U.S.C. Section 1001 AND Tit States any false. fictitiousor fraudulent staten				and willfully to make a	ny department or agency of	the United	
(Instructions on page 2)						CA)	

,

.