

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

5. Lease Serial No.  
NMNM12559

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

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

1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
COTTONMOUTH 13 FEDERAL COM 1H

2. Name of Operator  
COG PRODUCTION LLC  
Contact: RAND FRENCH  
E-Mail: rfrench@concho.com

9. API Well No.  
30-015-39734

3a. Address  
2208 WEST MAIN STREET  
ARTESIA, NM 88210

3b. Phone No. (include area code)  
Ph: 575-748-6940

10. Field and Pool, or Exploratory  
HAY HOLLOW; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 13 T26S R28E SESW 810FSL 2630FWL

11. County or Parish, and State  
EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
	<input type="checkbox"/> Production (Start/Resume)
	<input checked="" type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BLA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Reclamation complete per Conditions of Approval prior to due date of 11/14/12.

**Accepted for Record Purposes.**  
**Approval Subject to Onsite Inspection**  
**If BLM Objectives are not achieved,**  
**additional work may be required.**  
Date: 9-20-13

*fld* 9/30/13  
Accepted for record  
NMOCD

**RECEIVED**  
SEP 25 2013  
NMOCD ARTESIA

Signature: *J. D. Butcher*

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #144333 verified by the BLM Well Information System  
For COG PRODUCTION LLC, sent to the Carlsbad  
Committed to AFMS for processing by KURT SIMMONS on 08/03/2012 ()

Name (Printed/Typed) MONTI SANDERS Title PERMITTING TECHNICIAN

Signature (Electronic Submission) Date 07/31/2012

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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 which would entitle the applicant to conduct operations thereon.

Office \_\_\_\_\_

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

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1. Type of Well  
 Oil Well  Gas Well  Other

8. Well Name and No.  
COTTONMOUTH 13 FEDERAL COM 1H

2. Name of Operator  
COG PRODUCTION LLC  
Contact: MELANIE PARKER  
E-Mail: mparker@concho.com

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30-015-39734

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2208 WEST MAIN STREET  
ARTESIA, NM 88210

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TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input checked="" type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Reclamation complete per Conditions of Approval prior to due date of 11/14/12.

*Duplicate Sundry*

**Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
If BLM Objectives are not achieved,  
additional work may be required.  
Date: 9-20-13**

**Signature: *J. D. Whitlock***

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #149844 verified by the BLM Well Information System  
For COG PRODUCTION LLC, sent to the Carlsbad  
Committed to AFMSS for processing by KURT SIMMONS on 09/20/2012 ( )**

Name (Printed/Typed) <b>MONTI SANDERS</b>	Title <b>PERMITTING TECHNICIAN</b>
Signature (Electronic Submission)	Date <b>09/12/2012</b>

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	Date _____
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**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***