Form 3160- 5 (March 2012)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004- 0137
Expires: October 31, 2014

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.	
				NMNM115411	
				6. If Indian, Al	lottee, or Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				7. If Unit or C	A. Agreement Name and/or No.
1. Type of Well X Oil Well Gas Well Other				8. Well Name	and No.
2. Name of Operator				Really Scary Federal Com #2H	
COG Operating LLC 3a. Address 3b. Phone No. (include area code)				9. API Well No	D.
2208 W. Main Street 575-748-6946		,	30-015-41411		
Artesia, NM 88210	tesia, NM 88210 ation of Well (Footage, Sec., T., R., M., or Survey Description) Lat.			10. Field and Pool or Exploratory Area Willow Lake; Bone Spring	
SHL: 190' FSL & 1683' FWL, Unit N (SESW) Sec 33-T24S-R28E				11. County or	<u></u>
BHL: 326' FNL & 2218' FWL, Unit C (NENW) Sec 33-T24S-R28			Long.	Ede	dy NM
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA					
TYPE OF SUBMISSION TYPE OF ACTION					
Notice of Intent	Acidize	Deepen	Production (St	art/ 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 Al	oandon	Completion Operations
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal	I	
8/6/13 to 8/9/13 MIRU. Se Perforate Bone Spring 12828 8/10/13 to 8/17/13 Perforate 2792580 gals fluid. 8/28/13 to 8/31/13 Drilled of 9/1/13 Began flowing back 9/3/13 to 9/4/13 Set 2 7/8"	8-12838' (60). Perform is a Bone Spring 8225-128 out all plugs. Circulate c & testing. 6.5# L-80 tbg @ 6535' &	injection test. 00' (506). Acdz w/34 :lean.		id. Frac w/	
CAMA*	11/6/13 for reportd IOD	RECEIV 0CT 31 2 NMOCD AF	013	809	OCT 27 2013 LAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
14. I hereby certify that the foregoing is true a Name (<i>Printed/Typed</i>)	and correct.		•		
Stormi Davis		Title: Reg	ulatory Analyst	•	
Signature:	144	Date: 10/9)/13·		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by:		Title:		l _I	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 Office: lease which would entitle the applicant to conduct operations thereon.					
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 any department or agency of the United States any false, fictitious fraudulent statements or representations as to any matter within its jurisdiction.					

(Instructions on page 2)