Form 3160- 5	UNITED STATES				FORM APPROVED		
(August, 2007)				OMB No. 1004- 0137			
BUREAU OF LAND MANAGEMENT				Expires: July 31, 2010			
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				5. Lease Serial No.			
				0. If Indian, Allottee, or Tribe Name			
abandoned well. Use Form 3160-3 (APD) for such proposals.							
SUBMIT IN TRIPLICATE - Other Instructions on page 2.				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 COG Operating LLC				Jack Federal #4H			
3a. Address 3b. Phone No. (include area code)					30-015-421	24	
2208 W. Main Street	575-74	575-748-6946					
Artesia, NM 88210 Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lat.		10. Field and Pool, or Exploratory Area Wildcat G-03 S262631M; Bone Spring		
SHL: 190' FNL & 2310' FEL, Unit B (NWNE) Sec 31-T25S-R27E				11. County or Parish, State			
BHL: 357' FSL & 2045' F	Enno	lang		y	NM		
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA							
TYPE OF SUBMISSION TYPE OF ACTION							
		7		·····	Water Shu		
Notice of Intent		Deepen	Production (Sta			n-off	
	Altering Casing	Fracture Treat	Reclamation		· Well Integ	grity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other		
	Change Plans	Plug and abandon	Temporarily At	andon			
Final Abandonment Notice	Convert to Injection	Plug back	X Water Disposal		·		
 Name of formation pr Amount of water proc How water is stored of How water is moved to Disposal Facility: a) Facility Operator N b) Name of facility of c) Type of facility of 	for the Disposal of Produced V oducing water on lease: Bone Sp luced in barrels per day: 2000 B on lease: 2 - 500 bbl fiberglass ta to disposal facility: Pipeline Name: COG Operating LLC r well name & number: Cottonw well: WDW /4, Section, Township & Range:	oring WPD nks rood 36 State SWE	9 #1 (SWD-1226 R26E		2014 2014 TESTA		
14. I hereby certify that the foregoing is Name (<i>Printed/Typed</i>) Stormi Davis	s true and correct.	Title: . Regi	ulatory Analyst				
Signature:	Λ	Date: 5/28	/14			:	
	THIS SPACE FOR			E			
Approved by: Conditions of approval, if any are a	attached. Approval of this notice does not	Title:		D	ate:		
certify that the applicant holds legal or equitable title to those rights in the subject lease Office: 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, fictitiousor fraudulent s	tatements or representations as to any matter w	ithin its jurisdiction.	and white	uny to make an	y acpartment of	agency of the Onneu	
(Instructions on page 2)	··· ·- ·						

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