Form 3160- 5 (August, 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010 5. Lease Serial No.		
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.					SHL: NM54291, BHL: NM58809 6. If Indian. Allottee, or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.					Agreement Name a	nd/or No.	
I. Type of Well Gli Well Gas Well					8. Well Name and No.		
2. Name of Operator				JR's Horz Federal Com #3H			
COG Operating LLC 3a. Address 3b. Phone No. (include area code)				9. API Well No.	9. API Well No.		
3a. Address 2208 W. Main Street	2208 W. Main Street 575 748 6946			<u> </u>	30-015-37842		
Artesia, NM 88210	Artesia, NM 88210 Location of Well (Footage, Sec., T., R., M., or Survey Description) Lat.			10. Field and Pool, or Exploratory Area Corral Canyon; Bone Spring, South			
SHL: 480' FNL & 1980' FEL, Unit B (NWNE) Sec 10-T26S-R29E Long.					11. County or Parish, State		
BHL: 331' FSL & 2014' FEL, Unit O (SWSE) Sec 10-T26S-R29E				Eddy	Eddy NM		
12. CHECK APPROPRIATE B	OX(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER	DATA			
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent	Acidize	Deepen	Production (Start/ Resume)	art/ Resume) Water Shut-off		
	Altering Casing	Fracture Treat	Reclamation	I	Well Integri	ty	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other		
	Change Plans	Plug and abandon	Temporarily	Abandon	Completio	n Operations	
Final Abandonment Notice	Convert to Injection	Plug back	Water Disp		<u></u>		
Perform injection test.	est 9 5/8" x 5 1/2" annulus to te Bone Spring 8888-12850' (
0///14 to 0/12/14 Penora	е Боне Зринд 8888-12850 (504). Acuz w/89404 g	gal / 1/2%. Frac	w/02/5/58# san	u & 5155040	gai nuiu.	
6/13/14 Began flowing ba	CONSERVATION	ONSERVATION) FOR R	ECORD		
6/14/14 Date of first prod	RTESIA						
Accepte No.	JUL EN	NSERVATION JA DICTOTO & 0		BUBEAN OF LAND MANAGEMENT			
14. I hereby certify that the foregoing is	true and correct.				D FIELD OFFI		
Name (Printed/ Typed)	Tide:						
Stormi Davis	<u>}</u>	Reg	Regulatory Analyst				
Signature:	Docus	Date: 6/19					
	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE L	JSE			
Approved by:	Title:		Date:				
Conditions of approval, if any are an certify that the applicant holds legal which would entitle the Title 18 U.S.C. Section 1001 AND	or equitable title to those rights in applicant to conduct opera	he subject lease Office: tions thereon.		116 H		-	
States any false, fictitiousor fraudulent sta	itements or representations as to any mat	ter within its jurisdiction.		muny to make any	department of ag		
(Instructions on page 2)					•		

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