## Form 3160-5 (August, 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

OCD Artesia FORM APPROVED

OMB No. 1004- 0137 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.						NMNM103595  6. If Indian, Allottee, or Tribe Name		
SUBMIT IN TRIPLICATE - Other Instructions on page 2.						7. If Unit or CA. Agreement Name and/or No.		
Type of Well Oil Well X Gas Well Other						8. Well Name and No.		
Name of Operator Contact: Melanie Parker						Cali Roll Federal #1H		
COG Operating, LLC Email: mparker@concho.com  3a Address 3b. Phone No. (include area code)					9. API Well No	9. API Well No. 3726フ		
3a. Address 2208 W. Main Street			575-748-6940			30-025-37230		
Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			Lat.			10. Field and Pool, or Exploratory Area WC-015 S262524J;BONE SPRING (GAS)		
Sec 24 T26S R25E 1470' FSL & 1755' FEL			Long.			11. County or Parish, State		
					Edd	iy	<u>NM</u>	
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	RE OF	NOTICE, REPOI	RT, OR OTHER	DATA			
TYPE OF SUBMISSION	PE OF SUBMISSION TYPE OF ACTION							
Notice of Intent Acidize		Deepen Production ( St			(Start/Resume)	tart/ Resume) Water Shut-off		
	Altering Casing	i	Fracture Treat	Reclamatio	n	Well In	egrity	
X Subsequent Report	Casing Repair	1	New Construction	Recomplete	2	X Other	Site Facility	
	Change Plans	I	Plug and abandon	Temporaril	y Abandon			
Final Abandonment Notice	Convert to Injection		Plug back	Water Disp	Water Disposal			
Please see attached Site Fac	ility diagram					,	IL CONSERVATION ARTESIA DISTRICT SEP 1 8 2014	
(O) Accepted to Nimin							RECEIVED	
					Accepted for Approval Su Date:	biect to O.	inita I.	
14. I hereby certify that the foregoing is true Name (Printed/ Typed)	e and correct.	<del></del>						
Eric Conklin			Title: Regulatory Technician					
Signature: Em Non				Date: 1/27/14 .				
	THIS SPACE F	OR FE			USE			
Approved by:	<del></del>		Title:			) ota-		
Conditions of approval, if any are attack certify that the applicant holds legal or	equitable title to those rights in plicant to conduct opera	the subje	ct lease Office: thereon.			V department or	agency of the United	
States any false, fictitiousor fraudulent staten	nents or representations as to any ma	tter within	its jurisdiction.		to make all	y department of	agency of the Office	

(Instructions on page 2)

