

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia
NM OIL CONSERVATION
ARTESIA DISTRICT

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

SUNDRY NOTICES AND REPORTS ON WELLS FEB 23 2015
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029387B
2. Name of Operator COG PRODUCTION LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 30 T18S R31E Mer NMP NESE 2000FSL 450FEL		8. Well Name and No. FLYING SQUIRREL FEDERAL 1H
		9. API Well No. 30-015-42608
		10. Field and Pool, or Exploratory SHUGART; BONE SPRING
		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 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 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 checked="" type="checkbox"/> Other Drilling Operations
	<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.)

9/19/14 Spud well. TD 17 1/2" hole @ 625'. Set 13 3/8" 54.5# J-55 csg @ 625'. Cmt w/350 sx Class C. Tailed in w/250 sx. Circ 253 sx to surface. WOC 18 hrs. Test csg to 2000#. Drilled out 5' below FS w/10# brine - no loss of circ.

9/22/14 TD 12 1/4" hole @ 2500'. Set 9 5/8" 36# J-55 csg @ 2500'. Cmt w/600 sx Class C. Tailed in w/250 sx. Circ 101 sx to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

9/28/14 TD 8 3/4" vertical hole @ 8280' (KOP).

10/8/14 TD 7 7/8" lateral @ 13897'. Set 5 1/2" 17# P-110 csg @ 13895'. Cmt w/1400 sx Class C. Tailed in w/1150 sx. Circ 258 sx to surface.

Handwritten: JFD 3/24/15
ACCEPTED FOR RECORD
10-16-14

14. I hereby certify that the foregoing is true and correct. Electronic Submission #271990 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 01/29/2015		ACCEPTED FOR RECORD FEB 12 2015 <i>Deborah Ham</i> BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Name (Printed/Typed) STORMI DAVIS	Title PREPARER	
Signature (Electronic Submission)	Date 10/20/2014	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____
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.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #271990 that would not fit on the form

32. Additional remarks, continued

10/9/14 Rig released.