Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

1	OMB NO. 1004-013 Expires: July 31, 201
5.	Lease Serial No. NMNM105217

SUNDRY N	OTICES AND I	REPORTS OI	N WELLS
Do not use this	form for propos	als to drill or	to re-enter an
abandoned well.	Use form 3160	-3 (APD) for si	uch proposals

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIF	7. If Unit or CA/Agreement, Name and/or No. NMNM114179						
Type of Well Oil Well	er			8. Well Name and No. BLUE THUNDER 4	FEDERAL COM 1		
Name of Operator COG OPERATING LLC	Contact: A E-Mail: aavery@con	ERY		9. API Well No. 30-015-34125			
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. Ph: 575-74	(include area code) 8-6940		10. Field and Pool, or Exploratory LUSK MORROW WEST (GAS)			
4. Location of Well (Footage, Sec., T.	, R., M., or Survey Description)				11. County or Parish, and State		
Sec 4 T19S R31E SWSW 810	FSL 660FWL			EDDY COUNTY	, NM		
12. CHECK APPR	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF N	NOTICE, RE	PORT, OR OTHER	R DATA	
TYPE OF SUBMISSION			ТҮРЕ О	F ACTION			
☐ Notice of Intent	☐ Acidize	☐ Deep	en	☐ Producti	on (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Frac	ture Treat	☐ Reclama	tion	■ Well Integrity	
Subsequent Report	Casing Repair	□ New	Construction	☐ Recomp			
☐ Final Abandonment Notice	☐ Change Plans		and Abandon		arily Abandon	m/Security Plan	
	Convert to Injection	☐ Plug	Back	☐ Water D	isposal		
determined that the site is ready for fit See attached Site Facility Diag Accepted for rec	gram.	ERED <u>2.5.</u> NTO AFMSS Acc App	cented for	Record Pull 182 ject to Unsile II 5.172	: - 79 4 8		
AC 4	(-11-17 			ADT	FSIA DISTRICT		
14. I hereby certify that the foregoing is true and correct. Electronic Submission #355686 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/24/2016 () Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE							
Name (Printed/Typed) AMANDA	AVERY		Title AUTHO	RIZED REP	RESENTATIVE	TECE: "	
Signature (Electronic S		D FEDERA	Date 10/24/2		<u> </u>		
	THIS SPACE FO	K FEUEKA	LUKSIAIE	OFFICE US			
Approved By Sucky			Title EPS,	LIE	· _===	2/5/17 Date	
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu		Office					
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				l willfully to ma	ke to any department or	agency of the United	

