6

Do no	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an			FORM APPROVED OM B No 1004-0137 Expires March 31, 2007 5. Lease Senal No. NM-105217 6 If Indian, Allottee or Tribe Name
	oned well. Use Form			7 If Unit or CA/Agreement, Name and/or No.
	TIN TRIPLICATE- O	ther instructions or	n reverse side.	/ If One of CATAgreement, Name and of No.
Type of Well Oil Wel		Other	MAR 0 3 2006 CD-ARTESIA	8 Well Name and No. Blue Thunder 4 Federal #1
2. Name of Operator COG Operating LLC			CD-ARTECIA	9 API Well No.
3a Address 550 W. Texas Ave., S	Suite 1300 Midland, TX 797	3b. Phone N	o (include area cōdē) u	30-015-34125 10 Field and Pool, or Exploratory Area
4. Location of Well (Fo	otage, Sec., T, R., M., or Survey	Description)		Lusk Morrow Gas West
	L & 660' FWL, Section 4, T-19S, R-31E			11. County or Parish, State Eddy, NM
12. C	HECK APPROPRIATE B	OX(ES) TO INDICATE	NATURE OF NOTICE,	REPORT, OR OTHER DATA
TYPE OF SUBMI	SSION	TYPE OF ACTION		
If the proposal is to Attach the Bond us following complet testing has been condetermined that the 10/22/07 Set plus 10/24/07 Perf M 10/26/07 Set pa 10/27/07 Openo 10/29/07 Acidi 10/30/07 Openo 11/01/07 Shut 11/06/07 Openo 11/12/07 WO puni 11/29/07 Set plus wireline and pusition of the state of the stat	Change Pla Convert to Convert	pair New Conns New Conns Plug and A Injection Plug Back y state all pertinent details, inclete horizontally, give subsurformed or provide the Bond N of the operation results in a must otices shall be filed only after a 11960', 49 holes. Ind packer to 2000 psi, he own sales line. A acid and 30 bio balls w/ tu swab unit.	Treat Reclamation Struction Recomplete Recomplete Recomplete Repair Recomplete Recomplet	f any proposed work and approximate duration thereof true vertical depths of all pertinent markers and zones uired subsequent reports shall be filed within 30 days on in a new interval, a Form 3160-4 shall be filed once amation, have been completed, and the operator has offile nipple. Tubing had slight blow. SDFD.
Name (Printed	hat the foregoing is true and (Typed) cla Carrillo	correct	Title Regulatory Analysi	
Signature K	- Ci		Date	02/21/2008ACCEPTED FOR RECC
	THIS SPA	CE FOR FEDERA	L OR STATE OFFIC	EUSE

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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction

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 of appropriate United Carlos BAD FIELD OFFICE

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

(Instructions on page 2)

Title

Office

FEB 2 8 2008

Date