

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO 1004-0135  
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.****SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM105217
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: KANICIA R CARRILLO E-Mail kcarrillo@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No NMNM114179
3a. Address 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701	3b. Phone No (include area code) Ph: 432-685-4332	8. Well Name and No BLUE THUNDER 4 FEDERAL COM 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T19S R31E SWSW 810FSL 660FWL		9. API Well No 30-015-34125-00-81 S2
JUL 16 2008 OCD-ARTESIA		10. Field and Pool, or Exploratory HACKBERRY Wolfcamp
		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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<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 recompleate 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 recompleation 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.)

5/27/08 MIRU. Ran gauge ring to x-nipple. TOH. Ran 2.313 plug & set x-nipple @ 11,820'. Test plug to 2000 psi, ok. Test annulus to 2000 psi, ok. Spot 2 sx sand down tbg.

5/28/08 TOH w/201 jts 2-7/8 tbg. Load hole w/ 34 bbls 6% KCl Acid. Perforate wolfcamp 10,160' WLM to 10,214' WLM. 1 JSPF, 55 holes. TIH w/ Arrow set 1x10k pkr w/2.313" x-nipple. w/6' sub. Set with middle rubber @ 10,100' WLM. RDMO

5/29/08 TIH w/ on-off tool, 309 jts 2-7/8 tbg EUE 8rd P-110 tbg, 1x6', 8', 10' - 2-7/8 tbg. Space out pkr. Latch onto pkr. ND BOP. NU wellhead. Test annulus to 2000 psi, ok. Pressure on tbg to 2200 psi, pressure dropped to 12000 psi. Swab well.

5/30/08 Swab well.

6/02/08 Pressure test csg & pkr to 1000 psi. Acidize w/4000 gals NEFE acid. Open well to tank on 48/64" choke. Well flowing. Closed choke to 24/64.

14 I hereby certify that the foregoing is true and correct	
Electronic Submission #61342 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 07/11/2008 (08KMS2176SE)	
Name (Printed/Typed) KANICIA R CARRILLO	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 07/10/2008

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 07/12/2008
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 Carlsbad

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

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

Accepted for record - NMOC