



OCD-AR SIA

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No 1004-0137 Expires: March 31, 2007

5 Lease Senal No.

- 5 2008	AU OF LAND MAN TICES AND REI		WFIIS	5	5 Lease Sen	al No. LC-029338B	
ARTES Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160 - 3 (APD) for such proposals.					6 If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				ide.	7 If Unit or CA/Agreement, Name and/or No		
Type of Well Oll Well □					8. Well Na		
2. Name of Operator COG Operating LLC					9. API W	IARVARD FEDERAL #12 ell No	
3a Address 3b. Phone No (include area)				code)	30-015-35961		
4. Location of Well (Footage, Sec, T, R, M	432-685-4332				d Pool, or Exploratory Area OCO HILLS; Glorietta Yeso		
700 FNL & 700 FEL SEC. 11, T17S, R30E, UNIT A					11 County or Parish, State EDDY, NM		
12. CHECK APPROP	PRIATE BOX(ES) TO	INDICATE N	IATURE OI	F NOTICE, RE	EPORT, OF	R OTHER DATA	
TYPE OF SUBMISSION	- (,			ACTION	,		
✓ Notice of Intent ☐ Subsequent Report	Acidize Alter Casing Casing Repair	Deepen Fracture Trea New Constru		Production (Star Reclamation Recomplete	Start/Resume)		
Final Abandonment Notice	Change Plans Convert to Injection	Plug and Aba		Temporanly Aba Water Disposal	andon	direction	
13 Describe Proposed or Completed Oper If the proposal is to deepen directionally Attach the Bond under which the work following completion of the involved o	y or recomplete horizontall will be performed or provi	y, give subsurface de the Bond No. o	locations and on file with BL	measured and true .M/BIA. Required	vertical depth d subsequent r	ns of all pertinent markers and zones, eports shall be filed within 30 days	
testing has been completed Final Abai determined that the site is ready for final COG Operating LLC respectfull	al inspection)		-	-	tion, have bee	n completed, and the operator has	
FROM: V door northeast TO: V door east The reason for this request is due	e to a navajo pipeline or	ı the north.		ACCEPT	ED FOR	RECORD	
SEP						P 5 - 2008	
			I	Gerry Guye, NMOCD-D	Deputy Fidistrict II	eld Inspector ARTESIA	
14 I hereby certify that the foregoing i Name (Printed/Typed) Phyllis A. Edwards	s true and correct	Т	itle Regulat	ory Analyst			
Name (Printed/Typed)	s true and correct		itle Regulat		/25/2008		
Name (Printed/Typed) Phyllis A. Edwards Signature Lylles C	1 - Eleva IS SPACE FOR F	AZ I	Date	07			
Name (Printed/Typed) Phyllis A. Edwards Signature hyllis C	a - Edena	AZ I	Date	07	USE	AUG 0 8 2008	