

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTNOV 25 2008
OCD-ARTESIAFORM APPROVED
OMB NO. 1004-0135
Expires July 31, 2010Lease Serial No.
NMLC056551A**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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator COG OPERATING LLC		7. If Unit or CA/Agreement, Name and/or No.
Contact: KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com		8. Well Name and No. HOLDER CB FEDERAL 14
3a. Address 550 WEST TEXAS AVE STE 1300 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	9. API Well No. 30-015-35964
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R30E 1650FSL 330FWL 32.84622 N Lat, 103.98398 W Lon		10. Field and Pool, or Exploratory LOCO HILLS; GLORIETA YESO
		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 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
	<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 recomplate 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 recomplate 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.)

10/14/08 Perf @ 5510 - 5710 w/ 2 SPF, 48 holes. Acidize w/2,500 gals acid. Frac w/114,528 gals gel, 149,000# 16/30 sand, 30,353# Siberprop sand. Set comp plug @ 5470. Perf @ 5240 - 5440 w/2 SPF, 36 holes. Acidize w/2,500 gals acid. Frac w/117,121 gals gel, 146,300# 16/30 sand, 31,563# Siberprop sand. Set comp plug @ 5180. Perf @ 4950 - 5150 w/ 2 SPF, 36 holes. Acidize w/2,500 gals acid. Frac w/113,489 gals gel, 146,700# 16/30 sand, 27,577# Siberprop sand. Set comp plug @ 4694. Perf @ 4374 - 4664 w/ 2 SPF, 36 holes. Acidize w/2,500 gals acid. Frac w/100,332 gals gel, 112,600# 16/30 sand, 13,633# Siberprop sand.
10/17/08 Drill out plugs. Clean out to PBTD 5926.
10/21/08 RIH w/167jts 2-7/8" J55 tbg, SN @ 5713'. RIH w/ 2-1/2"x2"x20" RHTC pump. Hang on well.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #64926 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 11/19/2008

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 ****