## DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## SUNDAY MOTICES AND DEBODES ON MELLS

OPERATOR'S COPY Expires March 31, 2007

5. Lease Serial No.

Do not use this form for proposals to drill or to re-enter an				6. If Indian, Allottee or Tribe Name	
abandoned well. Use Fon			<u> </u>		/
SUBMIT IN TRIPLICATE -	Other instructions or	reverse side		7. If Unit or CA	/Agreemeat, Name and/or N
! Type of Well  Z Oil Well Gas Well Other				8. Well Name at ADAMS FED.	
2. Name of Operator		DEC - 8 ZO	UÖ	ALPMS RED.	#2
COG OPERATING, LLC	'	- 000 ADT	FOLA	9. API Well No.	
3a. Address		. Phone No Quella R.	a-code)	30-015-2441	L9-00-81
550 W. Texas, Ste. 1300, Fasker Tower		(432) 685-4332	<u> </u>	1	ool, or Exploratory Area
4. Location of Well (Footoge, Sec., T., R., M., or Survey)	• •			CRAYBURG	
SEC, 34 T 17 S R 29 E N.W.S.E. Tract 1 1345 FSL 2615 FEL				11. County or	Parish State
·				EDIOY COUNTY	
12. CHECK APPROPRIATE	BOX(ES) TO INDIC	ATE NATURE OF N	NOTICE, REP		
TYPE OF SUBMISSION	1		E OF ACTION		
THE OF BUDINGSION			Z OF AUTION		·
Notice of Intent	Acidine	Deepen	Production	u (Start/Ressume)	Water Shot-Off
<del>}_a</del>	Alter Casing	Fracture Treat	Reclamati	on [	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomple	te [	Other
The same to the same	Change Plans	X Plug and Absordon	Temporar	ily Abandon	
Final Abandonment Notice	Convert to Injection	Ping Back	Water Dis	maesil	
11-18-08 Contact B.L.M. & O.C.D Strip rods & thg. out of R.I.H. w/thg. 70 jts. \$  11-20-08 R.I.H. w/thg. Total 94 500 PSI. Spot 25 sx. Cl pump & test ceg. for B. P.O.O.H. w/thg. W.O.C.A & W.H. R.I.H. w/thg. 50 sx. cmt. Witnessed I	of well. Set 5 1/2' 5.D.F.N.  jts. R.U. to pump lass "C" cament. Ca L.M Kent Caffal hours. R.I.H. w/i - 13 jts. R/U to pu by Kent Caffall.  de well bore.	circulated gel : deulate T.O.C. (d. 750 FSI; thereby, & tag T.O.C.	mater - 71 : 12,844'. P. 14 spot 25 s . 6672'. P.	bols. Test 5 U.H. to 884  X. Class "C" O.O.H. w/tho	1/2" csg. R.U. to cont. 6884'. J. N.D.B.O.P.
Surface restoration is councied.  14. I hereby certify that the foregoing is true and correct Name (Printed Typed)		Title		JAMES A. A.	wds Fees
RANDALL MINEAR	7	PEA	SUPV.		
Signature	iner	Date 11-24-08			
THE	S SPACE FOR FEDER	PAL OR STATE OF	FICE USE		
Approved by		Title		Da	ic .
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable tale to which would entitle the applicant to conduct operations	o those rights in the subject	unt or Office lease			
Title 18 U.S.C. Section 1001, and Title 43 U.S.C. Section States any false, fictitious or fraudulent statements or re-	on 1212, makes it a crime fo	r any person knowingly a r within its jurisdiction.	and willfully to n	ake to any depart	ment or agency of the Unite