Form	3160-5
(Aprıl	2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

## FORM APPROVED CEIVED OMB Not 1004-0137 Expires, March 31, 2002 Lease Scrial No NMLC0293421

OCD Artesia

BUREAU OF LAND MANAGEMENT  SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an			Expires. graren 51, 2011	-2000
			5 Lease Scrial No NMLC029342B	2009
			6. If Indian, Allottee of the Planch Al	TE
abandoned well. Use Form 3160 - 3	(APD) for such pr	oposals.	o. It makes, thousand the same	1163
SUBMIT IN TRIPLICATE- Other in	structions on reve	rse side.	7 If Unit or CA/Agreement, Name and/or N	O.
Type of Well     Oil Well □ □ Gas Well □ □ Other			8. Well Name and No	
2. Name of Operator COG Operating LLC			Polaris B Federal Tank  9 API Well No	BH
3a Address       3b. Phone No (include area code)         550 W. Texas Ave., Suite 1300 Midland, TX 79701       432-685-4372		several  10 Field and Pool, or Exploratory Area		
4 Location of Well (Footage, Sec., T., R., M., or Survey Description	1)			
Sec 9, T17S, R30E, Unit P			11. County or Parish, State	
			Eddy County, NM	
12. CHECK APPROPRIATE BOX(ES) T	TO INDICATE NATUR	RE OF NOTICE, F	REPORT, OR OTHER DATA	
TYPE OF SUBMISSION	TY	PE OF ACTION	•	
Acidize	Deepen	Production (Sta	art/Resume) Water Shut-Off	
Notice of Intent Alter Casing	Fracture Treat	Reclamation	Well Integrity	
Subsequent Report Casing Repair	New Construction	Recomplete	Other Facility Diagram	
Final Abandonment Notice Change Plans Convert to Injection	Plug and Abandon Plug Back	Temporarily Al Water Disposal	oandon	
following completion of the involved operations. If the operation testing has been completed. Final Abandonment Notices shall determined that the site is ready for final inspection.)  Attached is the Facility Diagram for the Polarib B Fed Well #5, 6, 7, 8, 9, 10, 11, 12, 15, 16, 17, 21, 24, 25, 26, 3  Accepted for Record Purposes.  Approval Subject to Onsite Inspections Date: 12-16-09	oe filed only after all require leral Wells in Unit P			
14 Thereby certify that the foregoing is true and correct Name (Printed/Typed)  Diane Kuykendall	Title Pr	oduction Manager		
Signature	Date	11/20/	09	
THIS SPACE FOR	FEDERAL OR ST	TATE OFFICE	USE	
Approved by	Ti	tle	Date	
Conditions of approval, if any, are attached. Approval of this notice certify that the applicant holds legal or equitable title to those rights which would entitle the applicant to conduct operations thereon.	e does not warrant or	fice		

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

(Instructions on page 2)



## COG OPERATING LLC

550 W. Texas Ave Ste 100 Midland, Texas 79701 (432)-683-7443

November 2009

## Polaris B Federal #5 Battery

NMLC-029342B SE/SE, Sec 9, T17S, R30E, Unit P Eddy County, NM



