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Form 3160-5 (April 2004)

UNITED STATES DEPARTMENT OF THE INTERIOR

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		Ex	nires:	March RVI 209 CD	ADTECI
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*		1.			

ν	5. Lease Serial No. NMLC-029418B 6. If Indian, Allottee or Tribe Name N/A								
BU SUNDRY I									
Do not use this abandoned wel									
SUBMIT IN TRIF	7 If Unit or CA/Agreement, Name and/or No.								
l Type of Well ✓ Oil Well □ □	N/A 8 Well Name and No. Tex Mack 11 Federal #9								
2. Name of Operator COG Operating									
3a Address	area code)	9. API Well No. 30-015-36945							
550 W. Texas Ave., Suite 1300 M		432-685-4385	432-685-4385		10. Field and Pool, or Exploratory Area				
4. Location of Well (Footage, Sec., T. SHL: 2630 FSL, 2:		7S, R31E, Unit K		Fren; Glorieta-Yeso 26770 11. County or Parish, State					
BHL: 2310 FSL, 2		75, R31E, Unit J		Eddy County, NM					
12. CHECK API	PROPRIATE BOX(ES) TO	O INDICATE NATUR	E OF NOTICE,	REPORT, OR OTH	ER DATA				
TYPE OF SUBMISSION		TYP	E OF ACTION						
Acidize Deepen Production (Start/Resume) Water Shut-Off Alter Casing Repair New Construction Final Abandonment Notice Casing Repair Plug and Abandon Plug Back 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 recomplete 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 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.) APD total depth 6500' COG Operating LLC, respectfully requests permission to change the TD to 6800'.									
14 Thoraby carrify that the force	oung in true and correct			`					
14. I hereby certify that the foreg Name (Printed/Typed) Robyn M. Odom	omg is true and correct	Tide	amalatana Assal II						
		Title R	egulatory Analyst						
Signature 1000	(Abon	Date		01/05/2010					

THIS SPACE FOR FEDERAL OR STATE OFFICE ASED PO Title Date Approved by JAN 11 2010 /s/ Dustin Winkler 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 Office which would entitle the applicant to conduct operations thereon Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and with the Annual Management of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)