Form 3160-5	UNITED-	STATES				-FORM-APPR	OVED
(August, 2007)	DEPARTMENT OF THE INTERIOR OCD Artesia				OMB No. 1004- 0137		
) MANAGI	EMENT			Expires: July 3	1, 2010	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					5. Lease Serial No.		
					NMNM103597 6. If Indian, Allottee, or Tribe Name		
	doned well. Use Form 3160					, 	
	TRIPLICATE - Other Ins	structions o	n page 2.		7. If Unit or CA.	Agreement Na	me and/or No.
I. Type of Well Oil Well X Gas Well	Other				8. Well Name and	i No.	
Name of Operator					В	asashi Fec	leral #1
COG Operating LLC		To. D	<u> </u>		9. API Well No.		
3a. Address 2208 W. Main Street		[3b. P	3b. Phone No. (include area code)		30-015-36675		
Artesia, NM 88210					1	Pool, or Exploratory Area	
Location of Well (Footage, Sec., T., R.,			Lat.		11. County or Par	Wildcat; S	trawn
1980' FNL & 1980' FWL, Unit F (SENW) Sec 5-T26S-R26E			Long.		Eddy NM		
2. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	JRE OF NOT	ICE, REPO	ORT, OR OTHER DA	 		
TYPE OF SUBMISSION			 	YPE OF ACTION			
Notice of Intent	Acidize Deepen X Production (art/ Resume)	Water	Shut-off
"H	Altering Casing	Fractu	re Treat	Reclamation		Well I	ntegrity
Subsequent Report	Casing Repair		Construction	Recomplete		Other	
/] swoodlasse respon	Change Plans		nd abandon	Temporarily Al	andon		
					andon		
Final Abandonment Notice 13. Describe Proposed or Completed O	Convert to Injection	Plug b		Water Disposal			
This well was connected to	pipeline and put online 1	11/4/10.					
·		ECEI' NOV 29	2010		EPTED F	OR RE	ECORD
				BIN	REAU OF LANE DARLSBAD FI	D MANAGE ELD OFFIC	 EMENT CE
14. I hereby certify that the foregoing is true Name (Printed Typed)	e and correct.			ВІИ	REAU OF LANI CARLSBAD FI	D MANAGE ELD OFFIC	MENT CE
	e and correct.		Title: Re	ВІИ	REAU OF LANG DARLSBAD FI	D MANAGE ELD OFFIC	MENT CE
Name (Printed Typed) Stormi Davis	e and correct.		Reg	Blu gulatory Analyst	REAU OF LANI DARLSBAD FI	D MANAGE ELD OFFIC	MENT CE
Name (Printed/Typed)	beaut		Reg	gulatory Analyst		D MANAGE ELD OFFIC	EMENT CE
Name (Printed: Typed) Stormi Davis	beaut		Reg	Blu gulatory Analyst		D MANAGE ELD OFFIC	MENT CE
Name (Printed: Typed) Stormi Davis Signature: Approved by:	THIS SPACE F	FOR FEDE	Reg Date: 11/ RAL OR S Title:	gulatory Analyst			EMENT CE
Stormi Davis Signature: Approved by: Conditions of approval, if any are attackertify that the applicant holds legal or	THIS SPACE F	FOR FEDE	Repart 11/ RAL OR S Title: or ase Office:	gulatory Analyst	E		MENT CE
Stormi Davis Signature: Approved by: Conditions of approval, if any are attackertify that the applicant holds legal or which would entitle the app	THIS SPACE F thed. Approval of this notice doc equitable title to those rights in plicant to conduct oper	es not warrant the subject le rations there	Resolution Resolution RAL OR S Title: or or asse Office:	gulatory Analyst 9/10 TATE OFFICE US	E	te:	
Stormi Davis Signature: Approved by: Conditions of approval, if any are attackertify that the applicant holds legal or	THIS SPACE F thed. Approval of this notice docenitable title to those rights in plicant to conduct oper the 43 U.S.C. Section 1212, ma	es not warrant the subject le rations there ake it a crime	Republic National Republic Nat	gulatory Analyst 9/10 TATE OFFICE US	E Da ully to make any	te:	