Form 3160-5 (August 2007)

## DEPARTMENT OF THE INTERIOR

**UNITED STATES** 

OCD- Artesca OMB NO. 1004-0135

E-Mail: cjackson@c	TS ON WELLS  Irill or to re-enter an ) for such proposals.  ions on reverse side.  CHASITY JACKSON onchoresources.com	8. Well Name and N FOLK FEDERA 9. API Well No.	reement, Name and/or No.		
Contact: CE-Mail: cjackson@c	ions on reverse side.  CHASITY JACKSON onchoresources.com	7. If Unit or CA/Agr  8. Well Name and N FOLK FEDERA  9. API Well No.	reement, Name and/or No.		
Contact: C E-Mail: cjackson@ç	CHASITY JACKSON onchoresources.com	8. Well Name and N FOLK FEDERA 9. API Well No.	0.		
E-Mail: cjackson@c	onchoresources.com	FOLK FEDERA  9. API Well No.			
E-Mail: cjackson@c	onchoresources.com				
		0001000110	9. API Well No. 30-015-38175-00-X1		
3a. Address       3b. Phone No. (include area code)         550 WEST TEXAS AVENUE SUITE 1300       Ph: 432-686-3087         MIDLAND, TX 79701       Ph: 432-686-3087			10. Field and Pool, or Exploratory EMPIRE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, and State		
Sec 17 T17S R29E SWNW Lot E 2629FNL 780FWL			EDDY COUNTY, NM		
PRIATE BOX(ES) TO	INDICATE NATURE OF 1	NOTICE, REPORT, OR OTH	ER DATA		
TYPE OF ACTION					
□ Acidize	Deepen	Production (Start/Resume)	□ Water Shut-Off		
☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	☐ Well Integrity		
Casing Repair	☐ New Construction	Recomplete	Other Well Spud		
Change Plans	☐ Plug and Abandon	Temporarily Abandon	Well Spud		
Convert to Injection	Plug Back	☐ Water Disposal			
or recomplete horizontally, gwill be performed or provide t	ive subsurface locations and measure Bond No. on file with BLM/BL	ng date of any proposed work and app ured and true vertical depths of all per A. Required subsequent reports shall completion in a new interval, a Form 3	tinent markers and zones. be filed within 30 days		
	PRIATE BOX(ES) TO  Acidize Alter Casing Casing Repair Change Plans Convert to Injection	PRIATE BOX(ES) TO INDICATE NATURE OF I  TYPE O  Acidize Deepen Alter Casing Fracture Treat Casing Repair New Construction Change Plans Plug and Abandon Convert to Injection Plug Back	PRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTH  TYPE OF ACTION  Acidize Deepen Production (Start/Resume) Alter Casing Fracture Treat Reclamation Casing Repair New Construction Recomplete Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Back Water Disposal		

14. I hereby certify t	that the foregoing is true and correct.  Electronic Submissior  For COG  Committed to AFMSS for pro	OPERATING LLC. ser	e BLM Well Information Syst It to the Carlsbad MONS on 03/08/2011 (11KMS	1	
Name (Printed/Ty	pped) CHASITY JACKSON	Title	PREPARER		
Signature	(Electronic Submission)	Date	03/03/2011		A CHARLES TO SERVICE
	THIS SPACE	FOR FEDERAL OR	STATE OFFICE USE	<u> </u>	
	AND AND PROPERTY PROPERTY PROPERTY STATES	<del></del>			<del>~</del>

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.

JAMES A AMOS TitleSUPERVISOR EPS

Date 03/12/2011

Office Carlsbad

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.