FORM 3160-4 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED
OMB NO. 1004-0137
Expires: July 31, 2010

5. LEASE DESIGNATION AND SERIAL NO.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG SHL: NM55929, BHL: NM117121 INDIAN ALLOTTEE OR TRIBE NAME Type of Well X Oil Well Gas Well Dry Other b. Type of Completion X New Well Workover Deepen Plug Back Diff. Resvr. 7. UNIT AGREEMENT 8. FARM OR LEASE NAME 2. Name of Operator COG Operating LLC Showstopper 19 Federal #6H Address Phone No. (include area code) API WELL NO. 2208 W. Main Street 30-015-37480 Artesia, NM 88210 4. Location of Well (Report location clearly and in accordance with Federal require 10. FIELD NAME Willow Lake; Bone Spring, SE 330' FSL & 775' FWL, Lot 4 (SWSW) SEC. T, R, M., OR BLOCK AND SURVEY 19 T 25S R 29E At top prod. Interval reported below COUNTY OR PARISH 13. STATE At total depth 350' FNL & 358' FWL, Lot 1 (NWNW) 16. Date Completed MS Eddy NM 4/13/11 14. Date Spudded 15. Date T.D. Reached 17. ELEVATIONS (DF, RKB, RT, GR, etc.)* X Ready to Prod. 9/29/10 10/16/10 2940' 29581 KB 18. Total Depth: 11569 19. Plug back T.D.: 11497 20. Depth Bridge Plug Set: MD MD MD 7114' TVD TVD 7112' TVD Type Electric & other Logs Run (Submit a copy of each) Was well cored? X No Yes (Submit analysis) DLL, DSN Was DST run? X No Yes (Submit report) Directional Survey? ☐ No Yes (Submit copy) Casing and Liner Record (Report all strings set in well) Stage Cementer No. of Sks. & Type Hole Size Size/ Grade Wt. (#/ft.) Top (MD) Bottom(MD) Slurry Vol. (Bbl) Cement Top* Amount Pulled Depth of Cement 17 1/2" 13 3/8" H40 48# 0 260' 300 sx 0 None 12 1/4" 9 5/8" J55 36# 0 2665 1050 sx 0 None 7 7/8" 5 1/2" N80 17# 0 11558' 6569' 1700 sx 0 None Tubing Record Depth Set (MD) Packer Depth (MD) Depth Set (MD) Packer Depth (MD) Depth Set (MD) Packer Depth (MD) Size Size 2 7/8" 6049' 6049 Producing Intervals Perforation Record 25 Formation Тор Bottom Perforated Inteval Size No. of Holes Perf. Status **Bone Spring** 7192 11460' 7192-11460' Open B) C) D) 27. Acid, Fracture Treatment, Cement Squeeze, Etc. Amount and Type of Material Depth Interval Acdz w/48000 gal 15%; Frac w/4899356# sand & 3634779 gal fluid 7192-11460 1 4 ZUII MAY OF LAND MANAGEMENT KIRE Production- Interval A ARI SRAD FIEL Date First Oil Gravity Test Date Hours Test Oil Gas Water Gas Produced ВЫ MCF Production Bbl Corr. API Gravity 4/24/11 4/25/11 403 2700 2392 Flowing Choke Size Tbg. Press Csg 24 Hr. Rate Oil Bbl Gas Water Gas: Oil Well Status MCF Вы Flwg. Press Ratio Producing 3/4" 1400# 650# 403 2700 2392 Production-Interval B Date First Test Date Hours Water Oil Gravity Test Gas Gas Production Method Вы вы Produced Tested Production MCF Соп. АРІ Gravity Choke Size Tbg. Press Csg 24 Hr. Rate Oil Bbl Gas Water Gas: Oil Well Status Вы Flwg. Press MCF Ratio

^{*} See instructions and spaces for additional data on page 2)

	ion- Interva												
Date First Produced	Test Date		lours ested	Test Production	Oil Bbl	Gas MCF	Water Bbl	•	Gravity τ. API	Gas Gravitv	Production Metho	d	
Choke Size	Size Tbg. Press Flwg. SI		sg ress.	24 Hr. Rate	Oil Bb1	Gas MCF	Water Bbl	Gas Rat	: Oil io	Well Status			
28c. Product	ion- Interva	1 D			I	<u></u>	<u> </u>			<u></u>	·		
Date First	Test Date		lours	Test	Oil	Gas	Water	Oil	Gravity	Gas	Production Metho	od	
Produced	I		ested	Production	Bbl	MCF	Bbl		r. API	Gravity `		-	
Choke Size			sg ress.	24 Hr. Rate	Oil Bbl	Gas MCF	Water Bbi	Gas Rat	:: Oil io	Well Status			
29. Disposition Sold	29. Disposition of Gas (Sold, used for fuel, vented, etc.)												
30. Summary of Porous Zones (include Aquifers): Show all important zones of porosity and contents thereof. Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and													
recoveries Format	tion	Top Bott		m	Descriptions Contents, Etc.				Name			Тор	
····				_								Measured Depth	
Delaware Bone Spring		2740' 6409' 6410' 11569							Top of Salt Bottom of Salt Delaware Cherry Canyon Brushy Canyon Bone Spring			360' 2549' 2740' 3656' 5454' 6410'	
32. Additiona	l remarks	(include	plugging	procedure)								тр. 11569'	
33. Indicate v	vhich item	is have b	een attach	ed by placii	ng a check i	n the appro	priate boxe	es:					
Electrical/ Mechanical Logs (1 full set required) Geologic Report DST Report Directional Survey												rvey	
34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*													
Name (pleas	se print)	Stormi	Davis	1			Titl	e Re	egulatory	Analyst			
Signature		lo		Davi	<u>~</u>		Dat	te <u>4/</u>	27/11				
Title 18 U.S.C. Sect ststements or repres					a crime for any	person knowir	igly and willfu	ılly to m	ake to any depa	urtment or agency of	the United States any f	alse, fictitious or fraudulent	

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