DISTRICT I 1625 N French Dr., Hobbs, NM 88240 Phone: (575) 393-6161 Fax: (575) 393-0720 DISTRICT II 811 S. First St., Artesia, NM 88210 Phone: (575) 748-1283 Fax (575) 748-9720

DISTRICT III 1000 Rio Brazos Road, Aztec, NM 87410 Phone (505) 334-6178 Fax. (505) 334-6170 DISTRICT IV

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, New Mexico 87505

Revised August 1, 2011 Submit one copy to appropriate District Office

□AMENDED REPORT

Form C-102

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax. (505) 476-3462

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number	Pool Code	Pool Name			
30-015-38146	97650	Williams Sink; Bone Spring			
Property Code	Pro	Well Number			
	LIZARD POT FEDERAL				
OGRID No.	Ope	Elevation			
•	3481'				

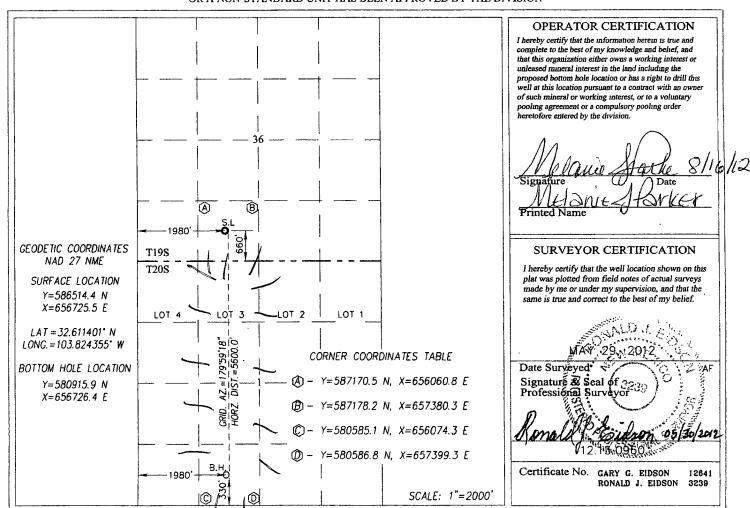
Surface Location

į	UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
ļ	Ν	36	19-S	31-E		660	SOUTH	1980	WEST	EDDY

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West hne	County
N	1	20-S	31-E		330	SOUTH	1980	WEST	EDDY
Dedicated Acres	Joint or Inf	ill Con	solidation Code	Ото	ler No				
159.21									

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION



Form 3160-5 (August, 2007)

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

OCD Artesia

FORM APPROVED OMB No 1004-0137

Expires July 31, 2010

CII	NDRY NOTICES AND	DEDODTS ON WE		5 Lease Serial No				
Do i	NMNM057239 6 If Indian, Allottee, or Tribe Name							
	doned well. Use Form 3160		osals.		·	 		
	TRIPLICATE - Other Ins	structions on page 2.	· · · · · · · · · · · · · · · · · · ·	7 If Unit or CA.	Agreement Name and	I/or No		
Type of Well X Oil Well Gas Well	8 Well Name and	i No						
2. Name of Operator				Lizard	Pot Federal C	om #2H		
COG Operating LLC		3b Phone No (include	,	9 API Well No				
3a Address 2208 W. Main Street		30-015-38146	<u> </u>					
Artesia, NM 88210	1 1/18/60/11							
			11 County or Par	ms Sink; Bone	Spring			
660' FSL & 1980' FWL Section 36-T	19S-R31E SESW	Long.		Eddy		NM		
12 CHECK APPROPRIATE BOX	K(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER D	ATA				
TYPE OF SUBMISSION		TY	YPE OF ACTION					
Notice of Intent	Acıdıze	Deepen	Production (St	tart/ Resume)	Water Shut-o	off		
<u> </u>	Altering Casing	Fracture Treat	Reclamation		Well Integrity	y		
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other			
	Change Plans	Plug and abandon	Temporanly A	bandon	Projec	ct Area		
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposa					
If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands Attach the Bond when the Bond under which the Work will performed or provide the Bond No on file with the BLM/ BLA Required subsequent reports shall be filed once testing has been completed final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.) Please see C-102 showing revised project area. RECEIVED AUG 3 0 2012 Well will not require "Com" in the well name. Submit a Sundry to drop "Com" from the Well name. Also open perforations are to be orthodox with-in the project area. ACCEPTED FOR RECORD AUG 2 8 2012 ACCEPTED FOR RECORD AUG 2 8 2012 AUG 3 1 1 hereby certify that the foregoing is true and correct								
14 I hereby certify that the foregoing is true Name (Printed/ Typed)	and correct		١١١					
Mayte Reyes	D	Title Reg	ulatory Analyst					
Signature	Class	Date 8/16						
	THIS SPACE F	OR FEDERAL OR ST	ATE OFFICE US	SE				
Approved by		Tıtle		Dat	te			
Conditions of approval, if any are attack certify that the applicant holds legal or								
	plicant to conduct opera	ations thereon	n knowingly and wells	fully to make are	denortment or co-	ncy of the Illust 1		
States any false, fictitiousor fraudulent statem (Instructions on page 2)			n knowingiy and Willi	uny to make any	черанинен от аде	ncy of the Officed		