

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

|  |   |  |
|--|---|--|
| 1. Type of Well<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other |   | 5. Lease Serial No.<br>NMNM0553777                   |
| 2. Name of Operator<br>COG OPERATING LLC   |   | 6. If Indian, Allottee or Tribe Name                 |
| Contact: ROBYN ODOM<br>E-Mail: rodom@concho.com  |   | 7. If Unit or CA/Agreement, Name and/or No.          |
| 3a. Address<br>ONE CONCHO CENTER 600 W. ILLINOIS AVE<br>MIDLAND, TX 79701  | 3b. Phone No. (include area code)<br>Ph: 432-685-4385 | 8. Well Name and No.<br>GRAVE DIGGER STATE COM 5H    |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 2 T20S R25E 205FNL 990FWL                          |   | 9. API Well No.<br>30-015-40412                      |
|  |   | 10. Field and Pool, or Exploratory<br>CEMETARY; YESO |
|  |   | 11. County or Parish, and State<br>EDDY COUNTY, NM   |

## 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

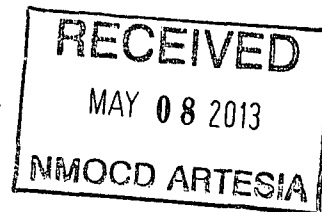
| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |   |
|--|---|---|--|---|
| <input checked="" type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize              | <input type="checkbox"/> Deepen           | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> Water Shut-Off   |
| <input type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Fracture Treat   | <input type="checkbox"/> Reclamation               | <input type="checkbox"/> Well Integrity   |
| <input type="checkbox"/> Final Abandonment Notice    | <input type="checkbox"/> Casing Repair        | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete                | <input checked="" type="checkbox"/> Other |
|  | <input type="checkbox"/> Change Plans         | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon       | Change to Original A                      |
|  | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back        | <input type="checkbox"/> Water Disposal            | PD  |

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 recomple 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 or recompletion 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.)

COG Operating LLC respectfully requests permission to change the name of this well to:

Grave Digger Federal Com #5H

A revised C-102 is attached for your review.

*Accepted for record*  
5/10/2013  
NMOC*Original COAs still stand.*

|  |                          |
|--|--------------------------|
| 14. I hereby certify that the foregoing is true and correct.   |                          |
| Electronic Submission #206056 verified by the BLM Well Information System<br>For COG OPERATING LLC, sent to the Carlsbad<br>Committed to AFMSS for processing by JOHNNY DICKERSON on 05/03/2013 ()   |                          |
| Name (Printed/Typed) ROBYN ODOM  | Title REGULATORY ANALYST |
| Signature (Electronic Submission)  | Date 05/02/2013          |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE   |                          |
| Approved By _____  | Title _____              |
| 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.                                  | Office _____             |
| 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. |                          |

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*