

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 <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM101079
2. Name of Operator COG OPERATING LLC Contact: BRIAN MAIORINO E-Mail: bmaiorino@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-221-0467	7. If Unit or CA/Agreement, Name and/or No. ZARAFA FF FEDERAL 2
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T21S R24E NESW 1650FSL 2550FWL		8. Well Name and No. ZARAFA FF FEDERAL 2
		9. API Well No. 30-015-32976-00-S2
		10. Field and Pool, or Exploratory DEADMAN DRAW
		11. County or Parish, and State EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recomplete 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.)

7/16/13 MIRU  
7/18/13 set CIBP @9,800'  
7/20/13 rih w/tbg, pumped 25 sx cl H cmt on top of CIBP @ 9,800', pulled up to 7488' spot 25 sx cl H cmt, test csg to 5,000# for 15 min, test good  
7/23/13 tagged cmt plug @ 7250', perf Bone Spring 7048'-7180' 46 shots, acidize w/3000 gals 15%  
7/25/13 frac w/74,011 gal gel carrying 90,000# white 16/30 + 7000 gal gel carrying 21,000# crc 16/30  
8/05/13 circ hole clean to pbtd @ 7250'  
8/09/13 rih w/213 jts 2-3/8" tbg and esp, EOT @7004', RDMO, turn well over to production.

Accepted for record  
NMDCD  
B. Dade 8/28/2013

RECEIVED  
AUG 27 2013  
NMDCD ARTESIA

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #217910 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Carlsbad  
Committed to AFMSS for processing by JOHNNY DICKERSON on 08/22/2013 (13JAM0014S)

Name (Printed/Typed) BRIAN MAIORINO	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 08/22/2013

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 08/24/2013
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 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.

\*\* BLM REVISED \*\*

Handwritten initials