

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

JUN 22 2015

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.**

5. Lease Serial No.  
NMLC054988B

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

8. Well Name and No.  
JENKINS B FEDERAL 3

9. API Well No.  
30-015-04216-00-S1

10. Field and Pool, or Exploratory  
LOCO HILLS

11. County or Parish, and State  
EDDY COUNTY, NM

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

COG OPERATING LLC

Contact: DAVID A EYLER  
E-Mail: DEYLER@MILAGRO-RES.COM

3a. Address

ONE CONCHO CENTER 600 W ILLINOIS AVENUE  
MIDLAND, TX 79701

3b. Phone No. (include area code)

Ph: 432-687-3033

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 20 T17S R30E NENW Lot C 330FNL 2310FWL

**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 type="checkbox"/> Recomplete                | <input type="checkbox"/> Other          |
|   | <input type="checkbox"/> Change Plans         | <input checked="" 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 recompleat 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 recompleat 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.)

05/18/15: SET 4-1/2" CIBP @ 4,250'; PUMP 45 SXS.CMT. @ 4,250'; WOC.  
05/19/15: TAG CMT. @ 3,828' OK'D BY BLM; CIRC. WELL W/ MUD; PUMP 50 SXS.CMT. @ 3,150'; WOC X TAG  
CMT. @ 2,695'; PUMP 45 SXS.CMT. @ 2,695'; WOC.  
05/20/15: TAG CMT. @ 1,723'; PERF. X SQZ. 80 SXS.CMT. @ 1,187'; WOC X TAG CMT. @ 915'; PERF. X SQZ.  
45 SXS.CMT. @ 555'; WOC.  
05/21/15: TAG CMT. @ 357'; PERF. X CIRC. TO SURF., FILLING ALL ANNULI, 40 SXS. CMT. @ 100'-3'; DIG  
OUT X CUT OFF WELLHEAD 3' B.G.L.; VERIFY CMT. TO SURF. ON ALL ANNULI; WELD ON STEEL PLATE TO CSGS.  
X INSTALL GROUND LEVEL DRY HOLE MARKER.  
WELL PLUGGED AND ABANDONED 05/21/15.

Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.

Accepted for record

RECLAMATION  
DUE 11-17-15

ND NMOCD 6/23/15

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

Electronic Submission #302720 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Carlsbad  
Committed to AFMSS for processing by JAMES AMOS on 06/12/2015 (15JA0293SE)

Name (Printed/Typed) DAVID A EYLER

Title AGENT

Signature (Electronic Submission)

Date 05/22/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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 any statement or representation to any agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*