OCD-ARTESIA

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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.				Lease Senal No. LC-062407 If Indian, Allottee or Tribe Name	
1. Type of Well ✓ Oil Well Gas Well Other				8. Well Name and No.	
2 Name of Operator COG Opera	ting LLC			9. API We	ne Federal #4 II No
3a Address 550 W. Texas Ave., Suite 1300 Midland, TX 79701		3b. Phone No. (include area code) 432-685-4332		30-015-35022 10. Field and Pool, or Exploratory Area Empire Glorieta-Yeso 96210 11 County or Parish, State Eddy, NM	
4. Location of Well (Footage, Sec., T, R, M., or Survey Description) 790 FSL & 1550 FEL Sec.30, T17S, R29E, Unit O		OCT 0 2 2007 OCD-ARTESIA			
TYPE OF SUBMISSION			TE OF ACTION		
If the proposal is to deepen dire Attach the Bond under which t following completion of the in- testing has been completed. Fi determined that the site is ready 08/11/2007 Perforate @ 5 08/13/2007 Acidize w/ 164 08/17/2007 Frac w/ 96,21 08/15/2007 Perforate @ 5 08/16/2007 Acidize w/176 08/17/2007 Frac w/53,129	ectionally or recomplete horizontal he work will be performed or provolved operations. If the operation hal Abandonment Notices shall be for final inspection.) 5512'-5738', 64 holes, 2 SPF. 50 gal Acid. 7 gals gel, 90,940# 16/30 white 1343-5386, 22 holes, 2 SPF.	ly, give subsurface locatide the Bond No on file results in a multiple confiled only after all requisand, 8000# Lite Pro 0, 52,965# 16/30 whit	ons and measured and tn with BLM/BIA. Requir apletion or recompletion rements, including reclan p 14/30 sand.	nny proposed we ue vertical deptl red subsequent i in a new interva nation, have bee	Well Integrity Other Completion ork and approximate duration thereof. as of all pertinent markers and zones, reports shall be filed within 30 days al, a Form 3160-4 shall be filed once an completed, and the operator has
14. Thereby certify that the fore Name (Printed/Typed) Kanicia Carrille		Title	Regulatory Analyst		
Signature 2	<u>Ci</u>	Date		09/20/2007	
ACCEPTED	FUHISTERATEFOR	FEDERAL OR	STATE OFFICE	USE	
Approved by/S/DAV	ID R. GLAS	SS	Title		Date
Conditions of approval, if any rare certify that the applicant holds legs which would entitle the applicant	al or equitable title to those rights	e does not warrant or in the subject lease	Office		,
		a crime for any person	knowingly and willfully	v to make to an	ly department or agency of the United

States any false, fictitious Diffracturents statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)