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

FEB 1 0 2009

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

NMNM0467931

## **SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to re-enter an



If Indian Allottee or Tribe Name

abandoned well. Use form 3160-3 (APD) for such proposals.					6. If fildran, Anottee of Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No	
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. ELECTRA FEDERAL 31	
2. Name of Operator Contact. ROBYN ODOM COG OPERATING LLC E-Mail: rodom@conchoresources.com					9. API Well No 30-015-36467-00-X1	
3a. Address 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701  3b. Phone No. (include an Ph: 432-685-4385				e) 10. Field and Pool, or Exploratory LOCO HILLS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State	
Sec 10 T17S R30E NWNE 1170FNL 2310FEL 32.85294 N Lat, 103.95819 W Lon					EDDY COUNTY, NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO IN	IDICATE NA	TURE OF 1	NOTICE, RE	EPORT, OR OTHER	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	☐ Acidize	Deepen		☐ Production (Start/Resume)		□ Water Shut-Off
<del>-</del> ,	Alter Casing	☐ Fracture Treat		□ Reclama	ation	☐ Well Integrity
Subsequent Report     Subsequent Re	☐ Casing Repair	☐ New Construction		Recomplete		Other Well Spud
Final Abandonment Notice	Change Plans	☐ Plug and Abandon		Tempor	arily Abandon	Well Spud
	Convert to Injection	Plug Ba	Plug Back		Disposal	
determined that the site is ready for the office of the of	0am. Ran 10jts 13-3/8 H40 48# @ rs. Tested BOP to 2000# for n 31jts 8-5/8 J55 24# @ 131/ hrs. Test BOP to 2000# for 1 5 17# @ 6028'. Cmt w/ 600s)	10 min,ok. 0'. Cmt w/ 18 0 min, ok.	)sx C, 400s)	c C, 200sx C	. PD @	
			Ac	cepted fo NMOC	r record CD	
14. Thereby certify that the foregoing i	s true and correct. Electronic Submission #668 For COG OPEI nmitted to AFMSS for process	RATING LLC,	sent to the C	arlsbad		
Name (Printed/Typed) ROBYN ODOM		Ti	Title PERSON RESPONSIBLE			
Signature (Electronic	Submission)	Da	te 01/30/2	2009		
	THIS SPACE FOR	FEDERAL (	OR STATE	OFFICE U	SE	
Approved By ACCEPTED			JAMES A tleSUPERVI			
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.			ffice Carlsba	d		7007