Form 3160-5 (August 2007)

Approved By

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

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.

Date 01/09/20

2010

SUNDRY I	NOTICES AND REPO	RTS ON WE	LLSNMO	CD ARTES	IA I		
Do not use this abandoned well	6. If Indian, Allottee or	Tribe Name					
SUBMIT IN TRIF	7. If Unit or CA/Agreement, Name and/or No.						
1. Type of Well	8. Well Name and No. SKELLY UNIT 609						
Oil Well Gas Well Oth Name of Operator	9. API Well No.						
COG OPERATING LLC	Contact: E-Mail: kcarrillo@d			30-015-36886-00-S1			
3a Address 550 W TEXAS, STE 1300 FAS MIDLAND, TX 79701	SKEN TOWER II	3b. Phone No Ph: 432-68	e. (include area code) 10. Field and Pool, or Exploratory FREN			exploratory	
4. Location of Well (Footage, Sec., T.		11. County or Parish, and State					
Sec 22 T17S R31E NESW 24 32.81957 N Lat, 103.86101 W					EDDY COUNTY, NM		
12. CHECK APPR	ROPRIATE BOX(ES) TO	O INDICATE	NATURE C	F NOTICE, R	EPORT, OR OTHER	RDATA	
TYPE OF SUBMISSION							
□ Notice of Intent	Acidize	□ Dee	pen	□ Produc	tion (Start/Resume)	☐ Water Shut-Off	
- ,	☐ Alter Casing	Frac	ture Treat	Reclam	ation	☐ Well Integrity	
Subsequent Report	Casing Repair	□ New	Construction	Recom	Recomplete Dother		
☐ Final Abandonment Notice	Change Plans Plug and Abandon Ter		Tempo	oorarily Abandon			
	Convert to Injection	□ Plug	g Back	☐ Water I	Disposal		
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the wo following completion of the involved testing has been completed. Final Ab determined that the site is ready for fi Interim Reclamation complete	ally or recomplete horizontally, it will be performed or provide operations. If the operation re oandonment Notices shall be fi inal inspection.)	, give subsurface e the Bond No. or esults in a multipl	locations and m n file with BLM le completion or	easured and true v /BIA. Required su recompletion in a	ertical depths of all pertin absequent reports shall be new interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once	
14. Thereby certify that the foregoing is Corr Name (Printed/Typed) KANICIA (Electronic Submission of For COG C nmitted to AFMSS for prod	#74160 verified OPERATING LI cessing by KUI	.C, sent to th RT SIMMONS	Well Information e Carlsbad on 09/14/2009 (G PARER	n System 09KMS2224SE)		
Signature (Electronic S	Date 09/1	1/2009					

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

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

JAMES A AMOS TitleSUPERVISOR EPS

Office Carlsbad