Form 3160-5 (August 2007)

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

| RECEI  | VED  |
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| MAR 24 | 2010 |

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 | NMOCD ADT  |
|-------------------------------------------------------------------------------------------------|------------|
| Do not use this form for proposals to drill or to re-enter                                      | BUMOOD AUI |
| abandoned well. Use form 3160-3 (APD) for such proposition                                      | als.       |

NMNM0467931 dian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                                |                                            |                                      | 7. If Unit or CA/Agree                           | ement, Name and/or No. |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------|--------------------------------------------|--------------------------------------|--------------------------------------------------|------------------------|--|
| Type of Well ☐ Gas Well ☐ Oth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ner                                                                      |                                |                                            |                                      | 8 Well Name and No.<br>ELECTRA FEDER             | RAL 26                 |  |
| Name of Operator     COG OPERATING LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Contact: KAI<br>E-Mail· kcarrıllo@conc                                   |                                |                                            |                                      | 9. API Well No.<br>30-015-37197-0                | 00-S1                  |  |
| 3a. Address 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701  3b. Phone No. (include area code) Ph: 432-685-4332                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          |                                |                                            |                                      | 10. Field and Pool, or Exploratory<br>LOCO HILLS |                        |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                                |                                            |                                      | 11. County or Parish, and State                  |                        |  |
| Sec 10 T17S R30E SENE 1910FNL 520FEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                          |                                |                                            |                                      | EDDY COUNTY                                      | ⁄, NM                  |  |
| 12. CHECK APPI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ROPRIATE BOX(ES) TO IN                                                   | IDICATE                        | NATURE OF 1                                | NOTICE, R                            | EPORT, OR OTHE                                   | R DATA                 |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TYPE OF ACTION                                                           |                                |                                            |                                      |                                                  |                        |  |
| Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Acidize                                                                  | ☐ Deep                         | en                                         | □ Product                            | tion (Start/Resume)                              | ☐ Water Shut-Off       |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Alter Casing                                                           | □ Fract                        | ure Treat                                  | Reclamation                          |                                                  | ■ Well Integrity       |  |
| Subsequent Report     Subsequent Re | ☐ Casing Repair                                                          | □ New                          | Construction                               | Recomplete                           |                                                  | □ Other                |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Change Plans                                                           | □ Plug                         | and Abandon                                | ☐ Tempor                             | arily Abandon                                    |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Convert to Injection                                                     | □ Plug                         | Back                                       | □ Water I                            | Disposal                                         |                        |  |
| Interim Reclamation complete Downsized: 60'on north side & 60' on east side Ready for inspection.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | s.                                                                       |                                |                                            |                                      |                                                  |                        |  |
| 14 I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Electronic Submission #820                                               | 29 verified                    | by the BLM Wel                             | l Information                        | ı System                                         |                        |  |
| Con                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | For COG OPER<br>nmitted to AFMSS for processi                            | ing by KUR                     | C, sent to the C<br>T SIMMONS on           | arisbad<br>03/01/2010 ( <sup>,</sup> | 10KMS0832SE)                                     |                        |  |
| Name (Printed/Typed) KANICIA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | CARRILLO                                                                 |                                | Title PREPA                                | RER                                  |                                                  |                        |  |
| Signature (Electronic                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Submission)                                                              |                                | Date <b>02/26/2</b>                        | 010                                  |                                                  |                        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | THIS SPACE FOR                                                           | FEDERA                         | L OR STATE                                 | OFFICE U                             | SE                                               |                        |  |
| Approved By ACCEPT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ED                                                                       |                                | JAMES A<br>TitleSUPERVI                    |                                      |                                                  | Date 03/21/2           |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to cond                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | uitable title to those rights in the sul                                 |                                | Office Carlsba                             | d .                                  |                                                  | 2010                   |  |
| Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | U.S.C Section 1212, make it a crir statements or representations as to a | me for any pe<br>any matter wi | rson knowingly an<br>thin its jurisdiction | d willfully to n                     | nake to any department o                         | r agency of the United |  |