

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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

RM

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029418A
2. Name of Operator COG OPERATING LLC Contact: KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com		6. If Indian, Allottee or Tribe Name
3a. Address 550 W TEXAS, STE 1300 FASKEN TOWER II MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R31E NWSW 1650FSL 990FWL 32.83189 N Lat, 103.84571 W Lon		8. Well Name and No. SKELLY UNIT 620
		9. API Well No. 30-015-36779-00-S1
		10. Field and Pool, or Exploratory FREN
		11. County or Parish, and State EDDY COUNTY, NM

**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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<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 recomplete 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 recompletion 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.)

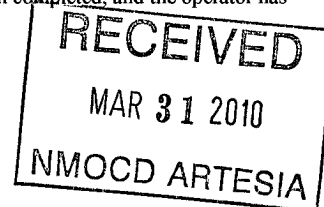
1/16/10 Test 5-1/2 csg 3500psi, ok.

1/18/10 Perf Lower Blinbry @ 6300-6500 w/ 1 SPF, 26 holes. Acidize w/2,500 gals acid. Frac w/114,000 gals gel, 145,642# 16/30 white sand, 30,808# Super LC. Set comp plug @ 6250. Perf Middle Blinbry @ 6030-6230 w/1 SPF, 26 holes. Acidize w/2,500 gals acid. Frac w/ 114,000 gals gel, 143,103# 16/30 white sand, 23,932# 16/30 Super LC. Set comp plug @ 5990. Perf Upper Blinbry @ 5760-5960 w/ 1 SPF, 26 holes. Acidize w/2,500 gals acid. Frac w/ 114,000 gals gel, 143,898# 16/30 white sand, 29,234# 16/30 Super LC. Set comp plug @ 5320. Perf Paddock @ 5160-5294 w/1 SPF, 18 holes. Acidize w/3,000 gals acid. Frac w/ 99,000 gals gel, 107,886# 16/30 white sand, 19,405# 16/30 Super LC.

1/20/10 Drill out plugs. Clean out to PBTD 6511.

1/21/10 RIH w/ 193jts 2-7/8" 6.5# J55 tbg, SN @ 6273'.

1/22/10 RIH w/ 2-1/2"x2-1/4"x24" pump. Hang on well.



14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #83119 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by KURT SIMMONS on 03/24/2010 (10KMS0967SE)	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 03/23/2010

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 03/27/20
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 Carlsbad

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.

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

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