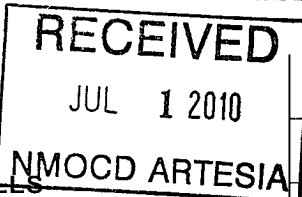


UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA



FORM APPROVED  
Budget Bureau No 1004-0135  
Expires March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

*SUBMIT IN TRIPLICATE*

1 Type of Well

☐ Oil Well ☐ Gas Well ☒ Other

2 Name of Operator

COG Operating LLC

3 Address and Telephone No

550 W. Texas, Suite 1300 Midland, TX 79701 (432) 685-4372

4 Location of Well (Footage, Sec, T, R, M or Survey Description)

660 FNL & 660 FEL, Sec. 17-T17S-R30E, A

5 Lease Designation and Serial No

NMNM-2933

6 If Indian, Allottee or Tribe Name

7 If Unit or CA, Agreement Designation

8 Well Name and No

ETZ State Unit #101

9 API Well No

30-015-20547

10 Field and Pool, or Exploratory Area

Grayburg Jackson;7RVS-QN-GB-SA

11 County or Parish, State

Eddy, NM

12 CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent  
☐ Subsequent Report  
☒ Final Abandonment Notice

TYPE OF ACTION

☒ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☐ Other \_\_\_\_\_

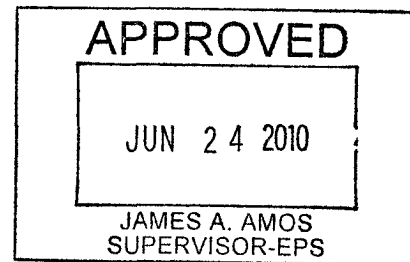
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work) \*

All requirements have been completed for plugging. Please consider this as final abandonment and approve.

7/1/2010



14 I hereby certify that the foregoing is true and correct

Signed Jerry W. Sherrill

Title Production Clerk

Date 10/5/06

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any

Title \_\_\_\_\_

Date \_\_\_\_\_