

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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 an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other: UNKNOWN OTH		5. Lease Serial No. NMNM92180
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: CHASITY JACKSON E-Mail: cjackson@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 550 WEST TEXAS AVE STE 100 MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-686-3087	8. Well Name and No. CHARGER 29 FEDERAL 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T23S R30E 1780FNL 810FWL		9. API Well No. 30-015-28808
		10. Field and Pool, or Exploratory SWD; DELAWARE
		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 checked="" 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 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 checked="" type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleat 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 recompleat 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.)

COG respectfully requests permission to repair casing leak.

COG proposes to set retainer @ 5275'. Will approximately be 120' above hole in casing, and will set CIBP @ 5444 in place of the RBP, Squeezing with 150sx class H w/2% CC.

RECEIVED

DEC 13 2010

NMOCD ARTESIA

**SEE ATTACHED FOR SUBJECT TO LIKE
CONDITIONS OF APPROVAL APPROVAL BY STATE**

14. I hereby certify that the foregoing is true and correct. Electronic Submission #98795 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad	
Name (Printed/Typed) CHASITY JACKSON	Title PREPARER
Signature (Electronic Submission)	Date 12/08/2010
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By	Title
DEC 9 2010	
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
WESLEY W. INGRAM PETROLEUM ENGINEER	
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.	

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****contact ocd to witness MIT test. *DD*

**Charger 29 Federal 1
30-015-28808
COG Operating LLC
December 9, 2010
Conditions of Approval**

- 1. Contact Paul Swartz (575-200-7902) prior to tests.**
- 2. Squeeze proposal is approved as described.**
- 3. Operator to perform a 30 minute test on casing squeeze. Test pressure shall be 1100 psi and is to be recorded on a chart.**
- 4. Drill out CIBP at 5444'.**
- 5. Tag RBP at 7100' to verify it is there.**
- 6. If there, pump a 25 sack cement plug on top of RBP. If not there, a CIBP shall be set above lower perforations and cement placed on top.**
- 7. Cement plug on top of RBP to be tested according to Onshore Order 2.III.G.6 to verify seal.**

WWI 120910