				HOBI	S OCD		•
Form 3160-5 (August 2007)	DE BI	UNITED STATE PARTMENT OF THE I JREAU OF LAND MANA	INTERIOR	SEP 1	9 2011	OMB NO	APPROVED 0. 1004-0135 July 31, 2010
SUNDRY NOTICES AND REPORTS ON WELLS					NMLC029405A		
Do not use this form for proposals to drill or to re-enter an RECEIVED abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agree	ement, Name and/or No	
1. Type of Well					8. Well Name and No BC FEDERAL 02		
2 Name of Operator COG OPERATING LLC Contact: NETHA AARON E-Mail: oaaron@conchoresources.com						9. API Well No 30-025-34713-00-S1	
3a. Address 3b Phone No 550 WEST TEXAS AVENUE SUITE 100 Ph: 432-8 Ph: 432-8 MIDLAND, TX 79701-4287 Fx: 432-68 Fx: 432-68						Exploratory	
4 Location of Well (Footage, Sec., T., R., M., or Survey Description)						11. County or Parish, a	and State
Sec 20 T17S F 32.826460 N L			LEA COUNTY,	NM			
12.	CHECK APP	ROPRIATE BOX(ES) T	O INDICATI	E NATURE OF	NOTICE, R	EPORT, OR OTHEI	R DATA
TYPE OF SUE	BMISSION	TYPE OF ACTION					
□ Notice of Inte	ent	Acidize	🗖 Dee	pen	Produc	tion (Start/Resume)	U Water Shut-Off
		Alter Casing	🗖 Fra	cture Treat	🗖 Reclam	ation	U Well Integrity
🛛 Subsequent F	кероп	Casing Repair		v Construction	🛛 🛛 Recom		Other
Final Abando	onment Notice	Change Plans	_	g and Abandon		rarily Abandon	
12 D 1 . D		Convert to Injection		g Back		<u> </u>	terts
If the proposal is t Attach the Bond u following comple testing has been c determined that th 1/24/11 MIRU. 1/26/11 Set RI 3/01/11 Perf P 3/08/11 Acidiz White sand, 24 3/11/11 Clean 3/12/11 RIH w	to deepen directiona inder which the wor tion of the involved ompleted. Final At e site is ready for fi BP @ 5550. Paddock @ 5361 ed w/3000 gals 4,240 Siber Prop out to RBP @ 5	Illy or recomplete horizontally k will be performed or provid- operations If the operation r andonment Notices shall be fi nal inspection.) ? 5510 w/1SPF, 43hole 15% HCL. Frac w/104,4	, give subsurface e the Bond No o esults in a multip led only after all rs. 16 gals gel, 1	locations and meas n file with BLM/BL le completion or rec requirements, inclu	ured and true v A Required su ompletion in a	ertical depths of all pertin bsequent reports shall be new interval, a Form 316	ent markers and zones filed within 30 days 0-4 shall be filed once
14. I hereby certify t	hat the foregoing is	true and correct Electronic Submission #	#105075 verifie	d by the BLM We		n Svstem	
	Con	For COG mitted to AFMSS for proc	OPERATING	IC sent to the	Hobbs		
Name (Printed/Typed) NETHA AARON				Ditle AUTHORIZED REPRESENTATIVE			
Signature (Electronic Submission)				Date 03/24/2011			
		THIS SPACE FO		L OR STATE	OFFICE U	SE	
_Approved By_ACCEPTED				JAMES A TitleSUPERVI			Date 04/18/2011
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 Hobbs		Ka	
Title 18 U.S.C. Section States any false, fictit	1001 and Title 43 tious or fraudulent s	U.S.C. Section 1212, make it a tatements or representations as	a crime for any post s to any matter w	erson knowingly and ithin its jurisdiction	l willfully to m	ake to any department or a	agency of the United
	** BLM REVI	SED ** BLM REVISE	D ** BLM RI	EVISED ** BLI		O ** BLM REVISE) **

.

5

.

•

.

\cdot Revisions to Operator-Submitted EC Data for Sundry Notice #105075

2

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	RCMPL SR	RCMPL SR
Lease:	NMLC029405A	NMLC029405A
Agreement:		
Operator:	COG OPERATING LLC 550 WEST TEXAS SUITE 100 MIDLAND, TX 79701 Ph 432-818-2319	COG OPERATING LLC 550 WEST TEXAS AVENUE SUITE 100 MIDLAND, TX 79701-4287 Ph. 432.685.4342
Admin Contact:	NETHA AARON AUTHORIZED REPRESENTATIVE E-Mail [.] oaaron@conchoresources.com	NETHA AARON AUTHORIZED REPRESENTATIVE E-Mail: oaaron@conchoresources.com
	Ph: 432-818-2319 Fx: 432-685-4396	Ph: 432-818-2319 Fx 432-685-4396
Tech Contact:	NETHA AARON AUTHORIZED REPRESENTATIVE E-Mail: oaaron@conchoresources.com	NETHA AARON AUTHORIZED REPRESENTATIVE E-Mail oaaron@conchoresources.com
	Ph: 432-818-2319 Fx. 432-685-4396	Ph: 432-818-2319 Fx: 432-685-4396
Location: State: County:	NM LEA COUNTY	NM LEA
Field/Pool:	MALJAMAR; YESO WEST	MALJAMAR
Well/Facility:	BC FEDERAL 2 Sec 20 T17S R32E 330FNL 2310FEL	BC FEDERAL 02 Sec 20 T17S R32E NWNE 330FNL 2310FEL 32.826460 N Lat, 103.787638 W Lon