

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.

HOBBS OCD

SUBMIT IN TRIPLICATE - Other instructions on reverse side

NOV 14 2012

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		RECEIVED	5. Lease Serial No NMNM120910
2. Name of Operator COG PRODUCTION LLC			6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210		Contact: STORMI DAVIS E-Mail: sdavis@concho.com	7. If Unit or CA/Agreement, Name and/or No
3b. Phone No (include area code) Ph: 575-748-6946 Fx: 575-748-6968			8. Well Name and No. PINTAIL 3 FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T26S R32E SESE 330FSL 480FEL			9. API Well No 30-025-40685
			10. Field and Pool, or Exploratory WILDCAT; BONE SPRING
			11. County or Parish, and State LEA 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 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 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.)

10/13/12 TD 7 7/8" vertical hole @ 8975' (KOP).

10/21/12 TD 7 7/8" lateral @ 14000'. Set 5 1/2" 17# P-110 csg @ 13997'. Cmt w/1000 sx Class H. Tailed in w/1000 sx. Circ 65 sx to surface. WOC 18 hrs.

10/22/12 Released rig.

14. I hereby certify that the foregoing is true and correct.		Electronic Submission #156984 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by KURT SIMMONS on 11/09/2012 ()	
Name (Printed/Typed)	STORMI DAVIS	Title	PREPARER
Signature	(Electronic Submission)	Date	10/31/2012
THIS SPACE FOR FEDERAL OR STATE OFFICE USE			
Approved By		Title	
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	
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		CARLSBAD FIELD OFFICE	

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

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