

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs
HOBBS OCD

FORM APPROVED
OMB No. 1004-0137
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.

MAR 26 2013

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

RECEIVED

1. Type of Well <input type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input checked="" type="checkbox"/> Other SWD		5. Lease Serial No. NMNM01088
2. Name of Operator COG Operating LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6940	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FSL & 1650' FWL, Unit N (SESW) Sec 17-T19S-R32E		8. Well Name and No. Lusk Deep Unit A #19 SWD
Lat. Long.		9. API Well No. 30-025-35244
		10. Field and Pool, or Exploratory Area SWD; Strawn
		11. County or Parish, State Lea NM

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

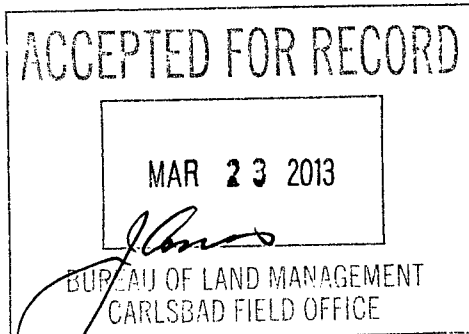
TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other MIT
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
<input type="checkbox"/> Final Abandonment Notice	<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 or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

4/26/12 to 5/2/12 MIRU. Fill reverse pit w/water. Open csg. Flow back. POOH w/tbg & pkr. TIH & set RBP @ 11270' & pkr @ 11262' & pressure test csg to 500# for 15 mins. Open up csg to flowback. Test csg from 11268' to surface to 500# for 30 mins. Release pkr, RIH & latch on RBP & POOH w/pkr & plug. RIH w/ 2 7/8" L-80 IPC tbg & pkr. EOT @ 11279'. Pkr @ 11258'. Called E.L. Gonzales to check pkr setting & confirm MIT test in a.m.

5/3/12 Pressure tested to 520# for 30 mins. Lost 15#. OCD rep, Max Brown passed test.

(Chart Attached)



SWD-821

14. I hereby certify that the foregoing is true and correct.	
Name (Printed/ Typed) Stormi Davis	Title: Regulatory Analyst
Signature: <i>Stormi Davis</i>	Date: 3/4/13

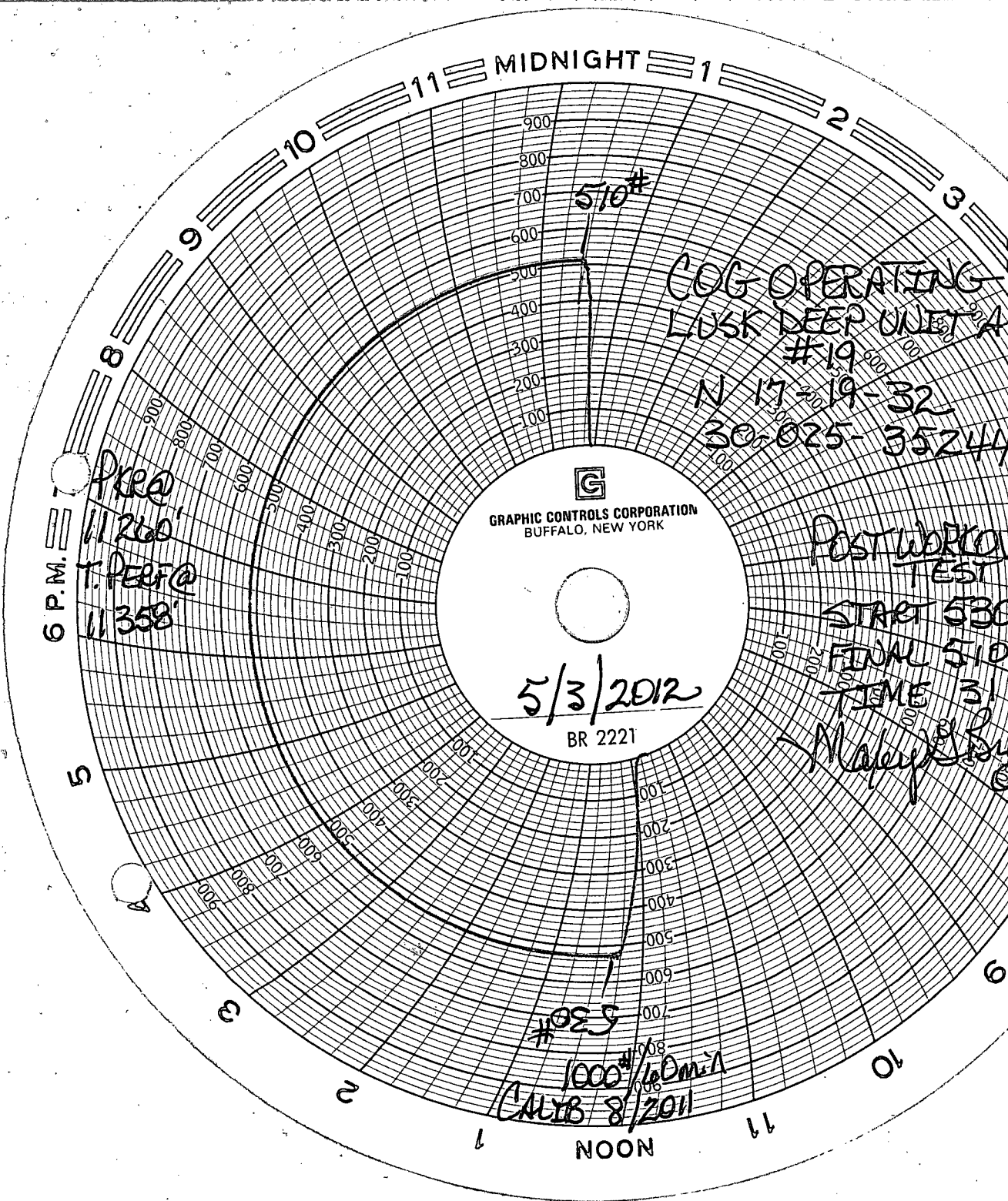
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:	Title:	Date:
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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

MAR 28 2013



GRAPHIC CONTROLS CORPORATION
BUFFALO, NEW YORK

5/3/2012

BR 2221

COG OPERATING
LUSK DEEP UNIT A
#19
N 17-19-32
30-025-35244

POST WORK
TEST
START 530
FINAL 510
TIME 31
Mayer

530#
1000#
CALIB 8/2011

6 P.M.
11260
T. Peet@
11358