

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD  
OCD Hobbs  
APR 11 2013

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.*

|   |                           |
|---|---------------------------|
| 5. Lease Serial No.                         | NM120906                  |
| 6. If Indian, Allottee, or Tribe Name       |                           |
| 7. If Unit or CA. Agreement Name and/or No. |                           |
| 8. Well Name and No.                        | Triste Draw 5 Federal #1H |
| 9. API Well No.                             | 30-025-39668              |
| 10. Field and Pool, or Exploratory Area     | Mesa Verde - Delaware     |
| 11. County or Parish, State                 | Lea County NM             |

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**COG Production LLC**

3a. Address  
 2208 W. Main Street  
 Artesia, NM 88210

3b. Phone No. (include area code)  
 575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
 SHL: 660' FNL & 660' FWL, Sec 5-T24S-R32E

Lat. \_\_\_\_\_  
 Long. \_\_\_\_\_

**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 checked="" 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 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 recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be 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 recompletion 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 reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Reclamation completed on 11/18/2012.

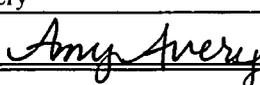
**Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
If BLM Objectives are not achieved,  
additional work may be required.**

Date: 4-6-13

Signature: 

14. I hereby certify that the foregoing is true and correct.

Name (Printed/ Typed) **Amy Avery** Title: **Regulatory Technician**

Signature:  Date: **3/7/13**

**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)

APR 15 2013

COG Operating LLC  
Triste Draw 5 Federal #1  
NMNM120906  
30-025-39668  
Sec. 5-T24S-R32E  
Lea County, NM

