## OCD-HOBBS

Form 3160-5 (April 2004)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED
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SUNDRY NOTICES AND REPORTS ON WELLS				5. Lease Serial No. NM0889	
Do not use this form for proposals to drill or to re-enter an 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/Agreement, Name and/or No.	
1. Type of Well Gas Well Other				8. Well Name and No.	
2. Name of Operator COG Operating LLC				M. D. Self #7  9. API Well No. 30-025-37352	
3a Address 550 W. Texas Ave., Suite 1300 Midland, TX 79701 3b. Phone No. (include area code) 432-685-4372					
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			10. Field and Tubb Di	Pool, or Exploratory Area	
330' FNL; 1650' FWL Unit C, Sec 6, T26S, R38E				r Parish, State nty, NM	
12. CHECK APPROPRIATE BOX(ES) TO	INDICATE NAT	URE OF NOTICE, F	EPORT, OR	OTHER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
✓ Notice of Intent  ☐ Acidize ☐ Alter Casing ☐ Casing Repair	Deepen Fracture Treat New Constructio	Production (Standard Reclamation Recomplete	art/Resume)	Water Shut-Off  Well Integrity  ✓ Other Facility diagram	
Final Abandonment Notice Convert to Injection	Plug and Abando Plug Back	n Temporarily Al		314151672	
If the proposal is to deepen directionally or recomplete horizontall Attach the Bond under which the work will be performed or provided following completion of the involved operations. If the operation testing has been completed. Final Abandonment Notices shall be determined that the site is ready for final inspection.)  Attached is a facility	ide the Bond No. on fi results in a multiple co filed only after all requ	le with BLM/BIA. Requir mpletion or recompletion irrements, including reclam  D. Self #7.	ed subsequent rein a new interval, lation, have been UNAN - STAN	orts state filed within 30 days a Form 1604 shall be filed once completed, and the operator has OR RECORD	
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed)			****		
Phyllis A. Edwards	Title	Regulatory Analyst			
Signature Leglina Eleva	12/16/2005				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE					
Approved by  Conditions of approval, if any, are attached. Approval of this notice does not warrant or		Title	Title Date		
certify that the applicant holds legal or equitable title to those rights is which would entitle the applicant to conduct operations thereon.	Office	lo maka t-	-Cd. 17 '- 1		
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a States any false fictitious or fraudulent statements or representations	as to any matter within	its inriediction	io inake to any o	repartment or agency of the United	

(Instructions on page 2)

