

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

FORM APPROVED
OMB NO. 1004-0137
Expires: March 31, 2007

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM-03428																																																																							
b. Type of Completion: <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr., Other _____		6. If Indian, Allottee or Tribe Name ---																																																																							
2. Name of Operator COG Operating LLC		7. Unit or CA Agreement Name and No. ---																																																																							
3. Address 550 W. Texas, Suite 1300, Midland, TX 79701		8. Lease Name and Well No. Panther Federal #2																																																																							
3a. Phone No. (include area code) 432-685-4340		9. AFI Well No. 30-025-36323																																																																							
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface 2310' FSL & 990' FWL, Unit L At top prod. interval reported below At total depth		10. Field and Pool, or Exploratory DHC 3820																																																																							
14. Date Spudded 02/26/2004		15. Date T.D. Reached 03/18/2004																																																																							
16. Date Completed 11/02/2006 <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod.		17. Elevations (DF, RKB, RT, GL)* 3851' GL																																																																							
18. Total Depth: MD 4,875' TVD		19. Plug Back T.D.: MD 4,860' TVD																																																																							
20. Depth Bridge Plug Set: MD None TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN / HNGS, Micro CFL / HNGS																																																																							
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit report) Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit copy)		23. Casing and Liner Record (Report all strings set in well)																																																																							
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* See instructions and spaces for additional data on page 2)

18 19 20 21 22 23 24 25 26 27 28 29 30 31

Received
Hobbs
OCD

ACCEPTED FOR RECORD

JAN 31 2007

WESLEY W. INGRAM
PETROLEUM ENGINEER

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	

29. Disposition of Gas (Sold, used for fuel, vented, etc.)

SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
Yates	2248				
Seven Rivers	2671				
Queen	3288				
Grayburg	4128				
Delaware	4487				

32. Additional remarks (include plugging procedure):

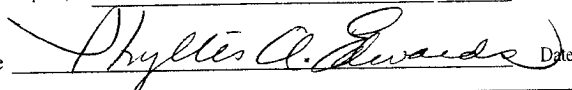
33. Indicate which items have been attached by placing a check in the appropriate boxes:

- ☐ Electrical/Mechanical Logs (1 full set req'd.) ☐ Geologic Report ☐ DST Report ☐ Directional Survey
☐ Sundry Notice for plugging and cement verification ☐ Core Analysis ☐ Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions)*

Name (please print) Phyllis A. EdwardsTitle Regulatory Analyst

Signature


Date 01/04/2007

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.