

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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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.**5 Lease Serial No.  
NMLC029405A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
BC FEDERAL 322. Name of Operator  
COG OPERATING LLCContact: KANICIA CARRILLO  
E-Mail: kcarrillo@conchoresources.com9. API Well No.  
30-025-38829-00-X13a. Address  
550 W TEXAS AVE SUITE 1300  
MIDLAND, TX 797013b. Phone No. (include area code)  
Ph: 432-685-433210. Field and Pool, or Exploratory  
MALJAMAR

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 20 T17S R32E SWNE 2360FNL 1650FEL

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	Well Spud
	<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 recompleat 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.)

11/18/08 Spud 17-1/2" @ 7:00pm.

11/20/08 TD 17-1/2" @ 706'. Ran 16jts 13-3/8 H40 48# @ 707'

11/21/08 Cmt w/ 400sx, C, 200sx C. Circ 147sx. PD @ 3:45am. WOC 18hrs. Tested BOP to 2000# for 10 min,ok.

11/23/08 TD 11" @ 2180'.

11/24/08 Ran 48jts 8-5/8 J55 32# @ 2180'. Cmt w/400sx C, 200 sx C. Circ. 120sx. PD @ 10:17am. WOC 12hrs. Test BOP to 2000# for 10 min, ok

12/02/08 TD 7-7/8" @ 6900'.

12/04/08 Ran 153jts 5-1/2 L80 17# @ 6889'. Cmt w/ 700sx C, 400sx C. Circ 194sx. PD @ 3:15am. WOC 12hrs. Tested csg to 600# for 20min,ok. RR.

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

**Electronic Submission #65681 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by KURT SIMMONS on 12/18/2008 (09KMS0280SE)**

Name (Printed/Typed) KANICIA CARRILLO

Title PREPARER

Signature (Electronic Submission)

Date 12/17/2008

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

JAMES A AMOS  
Title SUPERVISOR EPS

Date 12/20/2008

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 Hobbs

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.

\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

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OMB NO 1004-0135  
Expires, July 31, 2010

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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC057210
2. Name of Operator CONOCOPHILLIPS COMPANY <input checked="" type="checkbox"/> Contact JALYN N FISKE E-Mail: jalyn.fiske@conocophillips.com		6. If Indian, Allottee or Tribe Name
3a. Address PO BOX 7500 BARTLESVILLE, OK 74005	3b. Phone No. (include area code) Ph: 432-688-6813	7. If Unit or CA/Agreement, Name and/or No. NMNM70987A
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 27 T17S R32E NWSW 2505FSL 660FWL		8. Well Name and No. MCA UNIT 400
		9. API Well No. 30-025-38973-00-X1
		10. Field and Pool, or Exploratory MALJAMAR; Grayburg, SA
		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	Well Spud
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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11/29/08 MIRU

11/30/08 Spud well; Drill 80'-970'; Run 8-5/8" 24# J-55 surf. csg. from surf. to 960' w/370 sx CI C lead cmt &amp; 200 sx CI C tail cmt. WOC.

12/01/08 Drill 980'-2275'

12/02/08 Drill 2275'-3525'

12/03/08 Drill 3525'-4285'; Log well

12/04/08 Log well; Run 5-1/2" 17# J-55 prod. csg. from surf. to 4275' w/ 500 sx CI C lead cmt &amp; 200 sx CI C tail cmt.

12/05/08 Release Rig @ 12am; RDMO.

ROC?ROC?

14. I hereby certify that the foregoing is true and correct	
Electronic Submission #65566 verified by the BLM Well Information System For CONOCOPHILLIPS COMPANY, sent to the Hobbs Committed to AFMSS for processing by KURT SIMMONS on 12/15/2008 (09KMS0254SE)	
Name (Printed/Typed) JALYN N FISKE	Title REGULATORY SPECIALIST
Signature (Electronic Submission)	Date 12/12/2008

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By <b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 12/20/2008
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 Hobbs <i>K</i>	2008

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.

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1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No NMLC029405B
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact KANICIA CARRILLO E-Mail: kcarrillo@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No
3a. Address 550 W TEXAS AVE SUITE 1300 MIDLAND, TX 79701	3b. Phone No (include area code) Ph: 432-685-4332	8. Well Name and No GC FEDERAL 10
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T17S R32E NWSE 1615FSL 1525FEL 32.81723 N Lat, 103.80166 W Lon		9. API Well No 30-025-38993-00-X1
		10. Field and Pool, or Exploratory MALJAMAR, Yeso, West
		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
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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other Well Spud
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Plug Back
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12/01/08 Spud 17-1/2" @ 11:30pm.

12/02/08 TD 17-1/2" @ 448'. Ran 15jts 13-3/8 H40 48# @ 665'. Cmt w/ 400sx C, 200sx C. Circ 122sx.

PD @ 4:00am. WOC 18hrs. Tested BOP to 2000# for 10 min,ok.

12/06/08 TD 11" @ 2172'.

12/07/08 Ran 54jts 8-5/8 K55 32# @ 2172'. Cmt w/700sx C, 200 sx C. Circ 25sx. PD @ 3:30pm. WOC

12hrs. Test BOP to 2000# for 10 min, ok.

12/13/08 TD 7-7/8" @ 6805'.

12/14/08 Ran 152jts 5-1/2 L80 17# @ 6805'. Cmt w/ 700sx C, 400sx C. Circ 169sx. PD @ 2:50pm. WOC

12hrs. Tested csg to 600# for 20min,ok.

12/15/08 RR.

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14. I hereby certify that the foregoing is true and correct. Electronic Submission #65691 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by KURT SIMMONS on 12/18/2008 (09KMS0279SE)	
Name (Printed/Typed) KANICIA CARRILLO	Title PREPARER
Signature (Electronic Submission)	Date 12/17/2008

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Approved By <b>ACCEPTED</b>	JAMES A AMOS Title SUPERVISOR EPS	Date 12/20/2008
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