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HOBBSBURY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBSBURY 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.

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM118720
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) 575-748-6946	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2310' FSL & 660' FEL, Unit I (NESE) Sec 5-T19S-R32E		8. Well Name and No. Patterson B-52 Federal #5H
Lat. Long.		9. API Well No. 30-025-38970
		10. Field and Pool, or Exploratory Area Lusk; Bone Spring
		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 checked="" 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 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"/> 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	BHL Change
	<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 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.)

COG Operating LLC respectfully requests approval for the following BHL change:

From: 2310' FSL & 660' FEL  
To: 330' FSL & 660' FEL Unit P

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

Name (Printed/ Typed)

Stormi Davis

Title: Regulatory Analyst

Signature:

Date: 1/7/11

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

PETROLEUM ENGINEER

Date: FEB 08 2011

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.

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)

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87401  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

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State of New Mexico

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Energy, Minerals & Natural Resources Department

Form C-102

Revised July 16, 2010

Submit one copy to appropriate  
District Office

OIL CONSERVATION DIVISION

1220 South St. Francis Dr.

Santa Fe, NM 87505

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

<sup>1</sup> API Number <b>30-025-38970</b>	<sup>2</sup> Pool Code <b>41450</b>	<sup>3</sup> Pool Name <b>Lusk; Bone Spring, North</b>
<sup>4</sup> Property Code <b>37202</b>	<sup>5</sup> Property Name <b>Patterson B-52 Federal</b>	<sup>6</sup> Well Number <b>5H</b>
<sup>7</sup> OGRID No. <b>229137</b>	<sup>8</sup> Operator Name <b>COG Operating LLC</b>	<sup>9</sup> Elevation <b>3659'</b>

<sup>10</sup> Surface Location

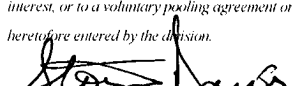
UL or lot no. <b>I</b>	Section <b>5</b>	Township <b>19S</b>	Range <b>32E</b>	Lot Idn	Feet from the <b>2310</b>	North/South line <b>South</b>	Feet from the <b>660</b>	East/West line <b>East</b>	County <b>Lea</b>
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<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no. <b>P</b>	Section <b>5</b>	Township <b>19S</b>	Range <b>32E</b>	Lot Idn	Feet from the <b>330</b>	North/South line <b>South</b>	Feet from the <b>660</b>	East/West line <b>East</b>	County <b>Lea</b>
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<sup>12</sup> Dedicated Acres <b>80</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<sup>16</sup>				<sup>17</sup> <b>OPERATOR CERTIFICATION</b> <i>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</i>  Signature 1/7/11 Date Stormi Davis Printed Name Regulatory Analyst
				<sup>18</sup> <b>SURVEYOR CERTIFICATION</b> <i>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</i>  Date of Survey Signature and Seal of Professional Surveyor:  REFER TO ORIGINAL PLAT  Certificate Number

SHL 660'

2310'

BHL 330'

660'