Image Prints 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 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 recompletion 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.)       Reference Water Disposal         COG Operating LLC, respectfully request to flare at the Berry A Federal Battery. Located: Unit C Sec 21, T17s, R30 E.       Reference Water Disposal			OCD Artesia UNITED STATES DEPARTMENT OF THE INTERIOR			FORM APPROVED OMB NO. 1004-0135		
Do not use this form for proposals to drill or to re-enter an abandonde well. Use form 31063 (APD) for such proposals.     A Indian, Alkatee or Tritle Name     SUBMIT IN TRIPLICATE - Other Instructions on reverse side.     Type of Wal     Oth Wall Gas Wall_Gas Wall_Ga						5. Lease Serial No.		
Trype OF SUBMISSION     I. Creater & Content & KANICIA CASTILLO     Subsequent Report     Content & KANICIA CASTILLO     CONTENT CONTENT     Subsequent Report     Content & KANICIA CASTILLO     CONTENT CONTENT     Content & KANICIA CASTILLO     Content & KANICIA CASTILLO     CONTENT     Content & KANICIA CASTILLO     Content & Cont		Do not use t abandoned w	his form for proposals to dri ell. Use form 3160-3 (APD)	for such proposals.				
Constant Report     C		SUBMIT IN TH	RIPLICATE - Other instructio	ons on reverse side.		7. If Unit or CA/Agr	eement, Name and/or No.	
2. Name of Operators       Constr. KANICIA CASTILLO       9. API VeR No. 30415-44233-00-52         3. Address       Operators       Diversion       10. Field and Pool, or Exploratory         ME CONCHO CENTER 600 WI ILLINOIS AVENUE       Ph. Paper No. (include area code)       10. Field and Pool, or Exploratory         4. Location of Will (Freeges, Sec. T. R. M. or Survey Desciption)       11. County of Parity and State       11. County of Parity and State         5. ed 21 T17S R30E SWNW 1650FNL 330FWL       TYPE OF ACTION       11. County of Parity and State         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subsequent Report       Casing Repair       New Construction       Reclamation       Water Shat-Off         Subsequent Report       Casing Repair       New Construction       Reclamation       Water Shat-Off         13. Describe Proposed or Completed Operation (clerry state all printered data), including estimated stating data of any posposal and any posposal and approximate data on the state and construction in a state and construction i								
Andhese     On-CHO CENTER 600 W ILLINOIS AVENUE     Andhese     On-CHO CENTER 600 W ILLINOIS AVENUE     Andhese     Andhese     On-CHO CENTER 600 W ILLINOIS AVENUE     Andhese     Andhese     On-CHO CENTER 600 W ILLINOIS AVENUE     Andhese     Andhese     Converted in Conceptence     Sec 21 T17S R30E SWNW 1650PNL 330PWL     I. County or Panish, and Sate     EDDY COUNTY, NM     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     I.2. CHECK APPROPRIATE BOX(ES)     Other Intent		2. Name of Operator	Contact: KA	NICIA CASTILLO			00-S2	
A. Location of Well (Pootings Sec. T. R. M. or Survey Description) Sec 21 T175 R30E SWNW 1650FNL 330FWL      Description     12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA      TYPE OF SUBMISSION     TYPE OF SUBMISSION     TYPE OF SUBMISSION     Description     Attact the Box(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA      TYPE OF SUBMISSION     TYPE OF SUBMISSION     Description     Attact and a survey of the Change Plans     Description     Change Plans     Description     Change Plans     Description     Complete     Change Plans     Description     Complete     Comp		3a. Address ONE CONCHO CENTER 6	31	b. Phone No. (include area code	e)	10. Field and Pool, o		
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION            Ohice of Intent          Acidize          Decptin          Production (Stat/Resume)          Water Shut-Off            Subsequent Report          Casing Repair          Decptin          Production (Stat/Resume)          Water Shut-Off            Subsequent Report          Casing Repair          Decptin          Production (Stat/Resume)          Water Shut-Off            Final Abandonment Notice          Canvert to Ibjection          Plug Back          Pulg Back <td< td=""><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td>T., R., M., or Survey Description)</td><td></td><td></td><td>11. County or Parish</td><td>, and State</td></td<>		· · · · · · · · · · · · · · · · · · ·	T., R., M., or Survey Description)			11. County or Parish	, and State	
TYPE OF SUBMISSION       TYPE OF ACTION <ul> <li>Motice of Intent</li> <li>Acidize</li> <li>Casing Repair</li> <li>Reclamation</li> <li>Charge Plans</li> <li>Plug Back</li> <li>Water Shut-Off</li> <li>Charge Plans</li> <li>Plug Back</li> <li>Water Disposit</li> </ul> 13. Describe Proposed or Concelleded Operation (Carely state all pertinent details, including estimated stating date of any perposed work and approximate duration in get		Sec 21 T17S R30E SWNW	1650FNL 330FWL			EDDY COUNT	Y, NM	
TYPE OF SUBMISSION       TYPE OF ACTION            Motice of Intent           Acidize           Deepen           Production (Start/Resume)           Water Shut-Off             Subsequent Report           Casing Repair           Practure Treat           Reclamation           Well Integrity             Subsequent Report           Casing Repair           Practure Treat           Reclamation           Well Integrity             Disscribe Proposed or Completed Operation (clearly state all performed data), including estimated starting date or days prostime dates of all performed markes and conset.           Weil Integrity             Type poperation (clearly state all performed or provide the Bond No. on file with BLMRIA. Requered absted out performed absted out performed absted and permissing and/or plan           Presended absted abst		12. CHECK API	PROPRIATE BOX(ES) TO P	NDICATE NATURE OF	NOTICE RE	PORT OR OTHE	 Γρατα	
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650 MCF Requesting to flare from 9/30/13 to 12/30/13.  SUBJECT TO LIKE APPROVAL BY STATE  14. 1 hereby certify that the foregoing is rive and correct. Electronic Submission #221779 verified by the BLM Weil Information System For COG OPERATING LC, sent to the Carisbad Committed to AFMSS for processing by DINAH NEGRETE on 10/24/2013 (14DCN0073SE) Name (Printed/Typed) KANICIA CASTILLO Title PREPARER Signature (Electronic Submission) Date 10/01/2013 THIS SPACE FOR FEDERAL OR STATE OFFICE POSERUVED Approved By Conditions of approval, if any the attached. Approval of this name does not warrant or certify that 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 wBuffly AlmGkeldANIU attached relations as to any matter within its jurisdiction. CARL SBAD FELD UFFLE		Sec 21, T17s, R30 E. Number of wells to flare: (12)	ASCERTEC TO		cated: Unit C		MAR 12 2	
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Signature       (Electronic Submission)       Date       10/01/2013         THIS SPACE FOR FEDERAL OR STALE OFFICE PSEROVED         Approved By		Electronic Submission #221779 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad						
THIS SPACE FOR FEDERAL OR STATE OFFICE PEROVED         Approved By_       Title       Date         Conditions of approval, if any, fre attached. Approval of this name does not warrant or certify that the applicant hold legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.       Title       MAR       6 2014       Date         Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section'1212, make it a crime for any person knowingly and wBULUS Admiaketrability adminaketrability and the applicant of raudulent statements or representations as to any matter within its jurisdiction.       Office       Office       Office		Name (Printed/Typed)         KANICIA CASTILLO         Title         PREPARER						
Approved By	:	Signature (Electronic						
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** BLM REVISED **	1	certify that the applicant holds legal or ec which would entitle the applicant to cond		e for any person knowingly and	i wRMMDFAdbmak	elonity albarthefit af	agency of the United	
	1	certify that the applicant holds legal or ec which would entitle the applicant to cond Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a crim statements or representations as to a					

## Additional data for EC transaction #221779 that would not fit on the form

### 32. Additional remarks, continued

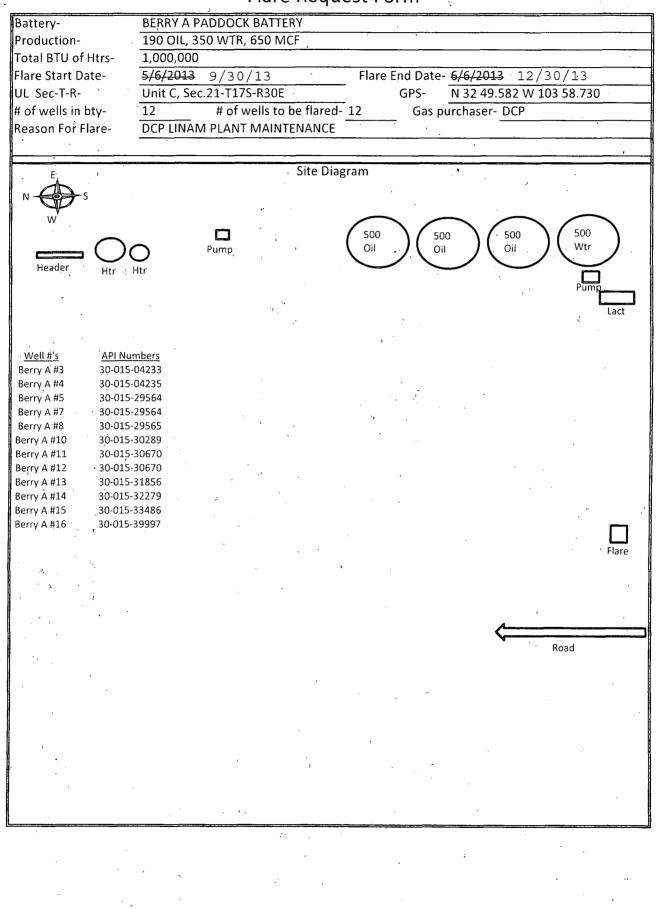
#### Due to DCP and Frontier shut in.

#### Schematic attached.

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## Flare Request Form



### BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

## 3/6/2014 Approved subject to Conditions of Approval. JDB

# **Condition of Approval to Flare Gas**

- 1. Report all volumes on OGOR reports.
- 2. Comply with NTL-4A requirements
- 3. Subject to like approval from NMOCD
- 4. Flared volumes will still require payment of royalties
- 5. Install gas meter on vent/flare line to measure gas prior to venting/flaring operations if it is not equipped as such at this time. Gas meter to meet all requirements for sale meter as Federal Regulations and Onshore Order #5. Include meter serial number on sundry.
- 6. This approval does not authorize any additional surface disturbance.
- 7. Submit updated facility diagram as per Onshore Order #3.
- 8. Approval not to exceed 90 days for date of approval.
- 9. Submit Subsequent Report to this sundry with actual volumes of gas flared monthly on 3160-5 (sundry notice).
- 10. If flaring is still required past 90 days submit new request for approval.
- 11. If a portable unit is used to flare gas it must be monitored at all times.
- 12. Comply with any restrictions or regulations when on State or Fee surface.

JDB