Form 3160-5 (August 2007)

Approved By

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.

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

FORM APPROVED

	OME	3 N	J. F	UU4-	-013	٥
_	Expir	es:	July	31,	201	.{
ease S	erial No					

5.	Lease Serial No.
	NMNM0107697

SUNDRY	11 5012   2 1	5. Lease Serial No. NMNM0107697					
SUNDRY Do not use th abandoned we	ECETVED 6. I	6. If Indian, Allottee or Tribe Name					
SUBMIT IN TR	IPLICATE - Other instruction	s on reverse side.	7. I	f Unit or CA/Agree	ment, Name and/o	or No.	
1. Type of Well  Soil Well Gas Well Ot		8. Well Name and No. SCREWDRIVER 24 FEDERAL COM 2H					
2. Name of Operator Contact: STORMI DAVIS COG OPERATING LLC E-Mail: sdavis@concho.com				API Well No. 30-015-42914			
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	Phone No. (include area code 575-748-6946		10. Field and Pool, or Exploratory LUSK; BONE SPRING, WEST				
4. Location of Well (Footage, Sec., 7	T., R., M., or Survey Description)		11.	County or Parish, a	nd State		
Sec 24 T19S R31E Mer NMP	SESE 900FSL 190FEL		E	EDDY COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) TO INI	DICATE NATURE OF	NOTICE, REPOR	RT, OR OTHER	DATA		
TYPE OF SUBMISSION	TYPE OF ACTION						
☐ Notice of Intent	☐ Acidize	□ Deepen	□ Production (S	tart/Resume)	☐ Water Shut	-Off	
_	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	■ Well Integrity		ity	
Subsequent Report	Casing Repair	■ New Construction	☐ Recomplete	☐ Recomplete			
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily A	•			
	Convert to Injection	☐ Plug Back	☐ Water Dispos	4.			
Attach the Bond under which the wor following completion of the involved	ally or recomplete horizontally, give so rk will be performed or provide the Bo l operations. If the operation results in pandonment Notices shall be filed only	ubsurface locations and meas and No. on file with BLM/BL a a multiple completion or rec	ured and true vertical of A. Required subsequence ompletion in a new interest of the completion in a n	lepths of all pertine nt reports shall be f erval, a Form 3160	nt markers and zo iled within 30 day -4 shall be filed or	nes. s nce	
3/3/15 MIRU. Install test plug 8503#. Good test. Perforate	1 & pressure test to 9500# for 1 13740-13750' (60). Injection to	5 mins. Set CBP @ 13 est.	790'. Test to	· .			
3/12/15 to 3/17/15 Perforate w/6769536# sand & 5689043	Bone Spring 9384-13690' (540 gal fluid.	). Acdz w/91973 gal 7	1/2% acid. Frac				
3/28/15 to 4/1/15 Drill out all f	rac plugs & circulate clean.			1-12			
4/3/15 Set 2 7/8" 6.5# L-80 tb	g @ 8662 <sup>i</sup> . Place well on pum	p. · .	AND 6	11/15			
4/4/15 Began flowing back & t	testing. Date of first production	).	McCapitad for	( 19COLO		•	
•	•		NAME OF	Ð			
14. I hereby certify that the foregoing is	true and correct.					<del></del>	
	Electronic Submission #298793 For COG OPERA	3 verified by the BLM We TING LLC, sent to the C	II Information Systematics Systematics   Information Systematics   Informatics   Information Systematics   Informatics   Information Systematics   I	em		<del></del> ,	
Name (Daine (Comme)) OTODIALD	Committed to AFMSS for pro	cessing by DEBORAH H	AM on 05/15/20 <b>/5(</b> ()	CEPTED	OR RECO	)RDI	
Name(Printed/Typed) STORMID	MV10-	Title PREPA	nen				
Signature (Electronic S	<del></del>	Date 04/21/2		MAY 2	<u>8 2015</u>		
	THIS SPACE FOR FE	DERAL OR STATE	OFFICE USE	12. d	an		
Approved By		Title		BUREAU OF LAN CARLSBAD F	D MANAGEMEN TELD OFFICE	IT	

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.

Office