Form 3160-5 (August 2007)

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

SUNDRY NOTICES AND REPORTS ON WELLS

**OCD Artesia** 

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5. Lease Scrial No. NMLC028731B	
6. If Indian, Allottee or Tribe Name	

Do not use this form for proposals to drill or to re-enter an			6. If Indian, Allottee or Tribe Name			
abandoned well. Use form 3160-3 (APD) for such proposals.						
SUBMIT IN TRIPLICATE - Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No.		
Type of Well     Gas Well □ Other				8. Well Name and No. DODD FEDERAL UNIT 35		
Name of Operator Contact: BRIAN MAIORINO COG OPERATING LLC E-Mail: bmaiorino@concho.com				9. API Well No. 30-015-25231-00-S1		
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701  3b. Phone No. (incl Ph: 432-221-04			e)	10. Field and Pool, or Exploratory GRAYBURG		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State		
Sec 14 T17S R29E SWNE 1425FNL 1345FEL				EDDY COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) TO INDICAT	E NATURE OF	NOTICE, RE	PORT, OR OTHER	DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
☐ Notice of Intent	☐ Acidize ☐ De	Deepen 🗖 Produc		on (Start/Resume)	■ Water Shut-Off	
	☐ Alter Casing ☐ Fracture Tre		🗖 Reclama	tion	■ Well Integrity	
☐ Subsequent Report	☐ Casing Repair ☐ Ne	w Construction	□ Recompl	ete	Other	
	☐ Change Plans ☐ Plu	g and Abandon	□ Tempora	rily Abandon	Final Abandonment No tice	
	☐ Convert to Injection ☐ Plu	☐ Plug Back ☐ Water		isposal		
determined that the site is ready for I Removed well head, anchors,	handonment Notices shall be filed only after all final inspection.)  , flowline, and all other debris from loc ninated soil from location and access r	ation, installed dr			id the operator has	
added 1-2 ft clean top soil as needed				NM OIL CONSERVATION ARTESIA DISTRICT		
Leveled and contoured surrounding area  Rip and seed disturbed area with BLM #2 seed mix				MAR 1 4 2016		
	10	) 3/29/16				
Job complete 4/22/13  Accepted for record  NMOCD		d 	RECEIVED			
14. I hereby certify that the foregoing i	s true and correct. Electronic Submission #205511 verifi For COG OPERATING I nitted to AFMSS for processing by JOHI	LC, sent to the C	arisbad	_		
Name (Printed/Typed) BRIAN MAIORINO Title AUTHORIZED REF				•		
				-		
Signature (Electronic	Submission)	Date 04/26/2	2013	·		
	THIS SPACE FOR FEDER	AL OR STATE	OFFICE US	6E 		
_Approved By_JAMES A AMQS		TitleSUPERVI	TitleSUPERVISORY PET		Date 03/08/2016	
Conditions of approval, if any, are attach certify that the applicant holds legal or eq which would entitle the applicant to cond		Office Carlsbad				
	U.S.C. Section 1212, make it a crime for any patternents or representations as to any matter			ke to any department or a	gency of the United	