Form 3160-5 (August 2007) UNITED STATES DEPARTMENT OF STATES BUREAU OF CANDINATION FOR COMPANY OF STATES BUREAU OF CANDINATION OF STATES AND 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. 1004-0135 Expires: July 31, 2010 5. Lease Serial No.		
					NMNM18613A		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.		
I. Type of Well Gas Well Other					8. Well Name and No. PARDUE 19 FEDERAL COM 2H		
2. Name of Operator Contact: MAYTE X REYES COG OPERATING LLC E-Mail; mreyes1@concho.com					9. API Well No. 30-015-42300-00-X1		
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575.748.6945				10. Field and Pool, or Exploratory WILLOW LAKE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State		
Sec 19 T24S R28E SESE 190FSL 1140FEL 32.196338 N Lat, 104.121405 W Lon					EDDY COUNTY, NM		
12. CHECK APPE	ROPRIATE BOX(ES) TO	INDICATE	NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	f Intent		Deepen		ion (Start/Resume)	□ Water Shut-Off	
-	Alter Casing	🗖 Frac	ture Treat			🗖 Well Integrity	
Subsequent Report	Casing Repair	—	Construction	Recomplete		🔀 Other Change to Original A	
Final Abandonment Notice	Change Plans	Plug and Abandon		Temporarily Abandon		PD	
					er Disposal		
following completion of the involved testing has been completed. Final At determined that the site is ready for fi COG Production LLC, respect approved APD.	andonment Notices shall be filed inal inspection.)	d only after all	equirements, inclu	ding reclamatio	n, have been completed,	and the operator has	
P	APPROVED FOR 24 MONTH PERIOD ENDING 4 13 2018						
14. I hereby certify that the foregoing is	RECEIVED	22459			- Swatam		
	Electronic Submission #3 For COG OF	PERATING LI	C, sent to the C	arisbad	(ASDROSCOCC)		
Committed to AFMSS for processing by PRISCILLA PERE Name (Printed/Typed) MAYTE X REYES Title RE(GULATORY ANALYST			
Signature (Electronic S			Date 02/25/2	<u> </u>			
	THIS SPACE FO				SE		
Approved By J. D. Whitlock g			Title LCO	57		Date 4/16	
Conditions of approval, if any, are attache certify that the applicant holds legal or equivicity which would entitle the applicant to condu- which would entitle the applicant to condu-	Office CFO						
Fitle 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a c statements or representations as t	crime for any pe to any matter w	rson knowingly an thin its jurisdiction	d willfully to m	ake to any department or	agency of the United	
** DI M DEV		** DL #4 P					
"" BLM REV	ISED ** BLM REVISED	BEN RI	19ED RFI	W REVISE	J DLINI KEVISE		

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