Form 3160-5 (August 2007) D E SUNDRY		OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM114970					
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agre	ement, Name and/or No.	
1. Type of Well / / Bas Well D Other					8. Well Name and No. SCREECH OWL FEDERAL 2H		
2. Name of Operator Contact: AMANDA AVERY COG OPERATING LLC E-Mail: aavery@concho.com					9. API Well No. 30-015-42826		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	o. (include area code 48-6940	)	10. Field and Pool, or Exploratory BONE SPRINGS; WELCH				
4. Location of Well (Foolage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State		
Sec 19 T26S R27E NENW 50FNL 1550FWL					EDDY COUNTY, NM		
12. CHECK APP	ROPRIATE BOX(ES) T	) INDICATI	E NATURE OF	NOTICE, R	EPORT, OR OTHE	R DATA	
TYPE OF SUBMISSION	TYPE OF SUBMISSION TYPE OF ACTION					<u> </u>	
14 Marine attached			] Deepen		tion (Start/Resume)	Water Shut-Off	
			cture Treat	🗖 Reclam	ation	Well Integrity	
Subsequent Report	bsequent Report 🛛 Casing Repair 💭 Ne		v Construction 🔲 Recom		plete	🛛 Other	
Final Abandonment Notice	Change Plans		Plug and Abandon		Temporarily Abandon Site Facili m/Security		
13. Describe Proposed or Completed Op	Convert to Injection		g Back	U Water I		•	
Attach the Bond under which the we following completion of the involve testing has been completed. Final A determined that the site is ready for Please see attached Site Fac	d operations. If the operation re bandonment Notices shall be fil final inspection.)	sults in a multir	le completion or rec	omoletion in a	new interval, a Form 316	50-4 shall be filed once	
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				NM OIL CONSERVATION Z			
			· .	. ()	CT 0 8 2016 -	notachment	
					RECEIVED	and the	
14. I hereby certify that the foregoing	Electronic Submission #	345891 verific DPERATING L	by the BLM We LC, sent to the C	II Information arisbad	ı System		
Name (Printed/Typed) AMANDA AVERY			Title AUTHORIZED REPRESENTATIVE				
Signature (Electronic	Date 07/27/2016						
A steel 1	THIS SPACE FO	DR FEDER	AL OR STATE	OFFICE U	SE	<u>.</u>	
Approved By	Title Senion P.A.T. Date 9/20/16						
Conditions of approval, if any, are attach certify that the applicant holds legal or ec which would entitle the applicant to cond	Office Caulsbad field Office						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any p to any matter w	erson knowingly and vithin its jurisdiction.	l willfully to ma	ake to any department or	agency of the United	
** OPERA	TOR-SUBMITTED ** O	PERATOR	-SUBMITTED *	* OPERAT	OR-SUBMITTED	**	

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