UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

Recepted for record - NMOCD

Carlsbad Field 🤪 SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter (n) abandoned well. Use form 3160-3 (APD) for such proposals.

D Artesia dian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2		7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well S Oil Well Gas Well Other		8. Well Name and No. CRAIG FEDERAL COM 12H		
2. Name of Operator Contact: COG OPERATING LLC E-Mail: mreyes1@	MAYTE X REYES concho.com	9. API Well No. 30-015-44208		
3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6945	10. Field and Pool or Exploratory Area WC-015 G-03 S252636M; BS		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Parish, State		
Sec 1 T26S R26E NWNW 675FNL 790FWL		EDDY COUNTY, NM		

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
Notice of Intent	☐ Acidize	Deepen	Production (Start/Resume)	U Water Shut-Off
_	Alter Casing	Hydraulic Fracturing	Reclamation	Well Integrity
Subsequent Report	Casing Repair	New Construction	Recomplete	🛛 Other
Final Abandonment Notice	🗖 Change Plans	Plug and Abandon	Temporarily Abandon	Change to Original A PD
	Convert to Injection	Plug Back	Water Disposal	_

13. Describe 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

COG Operating LLC, respectfully requests approval to change the flex hose variance to the original approved APD.

Flex hose variance updated attached.

NM OIL CONSERVATION

ARTESIA DISTRICT

AUG 07 2017

TE ATTACHED FOR DITIONS OF APPROVAL

	RECEIVED						
14. I hereby certify that the	e foregoing is true and correct. Electronic Submission #382978 verifie For COG OPERATING L Committed to AFMSS for processing	LC, sen	nt to the C	arisba	d		
Name(Printed/Typed)	MAYTE X REYES	Title	REGU	LATO	RY ANALYST		
Signature	(Electronic Submission)	Date	07/28/2	2017	APPRIMED		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved By Mus	of Hague	Title	PET	ROLI	UMAINGINEER2017	Da	te 8-2-2017
Conditions of approval, if an certify that the applicant hole	y are attached. Approval of this notice does not warrant or is legal or equitable title to those rights in the subject lease icant to conduct operations thereon.	Office	· (FOBI	JREAU OF LAND MANAGEMENT		
Title 18 U.S.C. Section 1001 States any false, fictitious	and Title 43 U.S.C. Section 1212, make it a crime for any por fraudulent statements or representations as to any matter w	erson kno vithin its j	wingly an urisdiction	a willfu	lly to make to any department or agend	cy of t	he United
(Instructions on page 2)							

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

TechnipFMC

TECHNIP Umbilicais inc. COFLEXIP® Products and Solutions

Quality Control Department

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6/27/2017 **Control Report Dated**

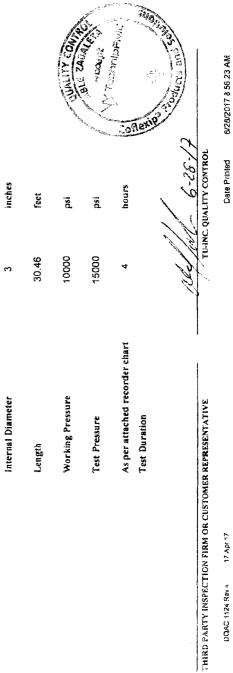
FLEXIBLE PIPE TEST CERTIFICATE **COFLEXIP®** Products and Solutions

OFS CANADA INC Customer

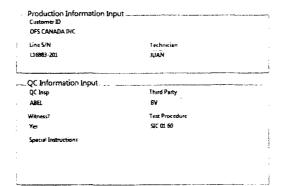
L16883 Line Number Line Serial Number L16883-201

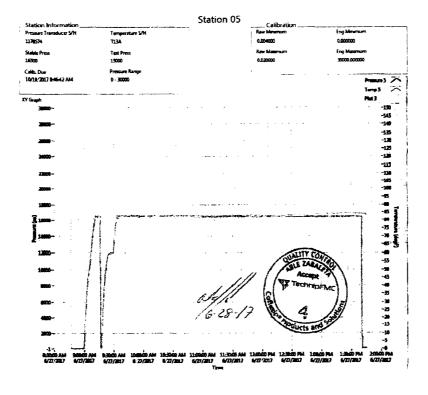
> 3" X 30' 10K CHOKE / KILL LINE A pulication

COFLEX1PW Products Division certifies that the results of the test and controls performed on the above mentioned flexible pipe is as follows:



Lest Configuration 12 Zone





PECOS DISTRICT DRILLING OPERATIONS CONDITIONS OF APPROVAL

OPERATOR'S NAME:	
LEASE NO.:	NMNM113937
	12H – Craig Federal Com
SURFACE HOLE FOOTAGE:	675'/N & 790'/W
BOTTOM HOLE FOOTAGE	200'/N & 330'/W, 25
LOCATION:	Section 01 T.26 S., R.26 E., NMPM
COUNTY:	Eddy County, New Mexico

All previous COAs still apply, except for the following:

 Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor. If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

MHH 08022017