

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.5. Lease Serial No.
NMLC028731B**SUBMIT IN TRIPLICATE - Other instructions on page 2**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

DODD FEDERAL UNIT 912H

2. Name of Operator

COG OPERATING LLC

Contact: ROBYN RUSSELL

E-Mail: rrussell@concho.com

9. API Well No.

30-015-44127-00-X1

3a. Address

600 W ILLINOIS AVENUE
MIDLAND, TX 79701

3b. Phone No. (include area code)

Ph: 432-685-4385

10. Field and Pool or Exploratory Area

DODD-GLORIETA-UPPER YESO

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 10 T17S R29E NESE 2170FSL 65FEL

11. County or Parish, State

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

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 recompleat 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 recompleat 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 respectfully requests to cancel this APD.

NM OIL CONSERVATION
ARTESIA DISTRICT

FEB 01 2018

RECEIVED

BC 2-1-18
Accepted for record - NMOCDCancelled
10-30-2017
M

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #393395 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by PRISCILLA PEREZ on 01/03/2018 (18PP0637SE)

Name (Printed/Typed) ROBYN RUSSELL

Title REGULATORY ANALYST

Signature

(Electronic Submission)

Date 10/30/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USEApproved By DUNCAN WHITLOCK

Title TECHNICAL LEAD PET

Date 01/29/2018

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.

Office Carlsbad

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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

**WATER CONSERVATION
ARTESIA DISTRICT**

15-1005

Form 3160-3
(March 2012)

APR 04 2017

FORM APPROVED
OMB No. 1064-0137
Expires October 31, 2014

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

APPLICATION FOR PERMIT TO DRILL OR REENTER

5. Lease Serial No.
SH.LC-028731B BH.LC-058362

6. If Indian, Allottee or Tribe Name
N/A

1a. Type of work: ☒ DRILL ☐ REENTER

1b. Type of Well: ☒ Oil Well ☐ Gas Well ☐ Other ☒ Single Zone ☐ Multiple Zone

7. If Unit or CA Agreement, Name and No.
NMNM-111789X, Dodd Federal Unit

8. Lease Name and Well No.
DODD FEDERAL UNIT #912H **308195**

2. Name of Operator COG Operating LLC

9. API Well No.
30-015- **44127**

3a. Address One Concho Center, 600 W. Illinois Ave
Midland, TX 79701

3b. Phone No. (include area code)
432-685-4384

10. Field and Pool, or Exploratory
Dodd, Glorieta-Upper Yeso **97917**

4. Location of Well (Report location clearly and in accordance with any State requirements)
At surface SHL 2170' FSL & 65' FEL Unit I, Sec 10
At proposed prod. zone BHL 2185' FSL & 330' FEL Unit I, Sec 11

**UNORTHODOX
LOCATION**

11. Sec., T, R, M, or Bld. and Survey or Area
Sec 10 & 11 T17S R29E

14. Distance in miles and direction from nearest town or post office*
2 miles from Loco Hills, NM

12. County or Parish
EDDY

13. State
NM

15. Distance from proposed*
location to nearest
property or lease line ft.
(Also to nearest drg. unit line, if any) 65'

16. No. of acres in lease
SHL 1480 BHL 160

17. Spacing Unit dedicated to this well
160

18. Distance from proposed location*
to nearest well, drilling, completed,
applied for, on this lease ft. 137'

19. Proposed Depth
TVD 4722' MD 9601'
EOC 4800' TVD

20. BLM BIA Bond No. on file
NMB000740, NMB000215

21. Elevations (Show whether D.E., K.D.B., RT, GL, etc.)
3616' GL

22. Approximate date work will start*
12/30/2015

23. Estimated duration
15 Days

24. Attachments

The following, completed in accordance with the requirements of Onshore Oil and Gas Order No. 1, must be attached to this form

- | | |
|---|--|
| 1. Well plat certified by a registered surveyor | 4. Bond to cover the operations unless covered by an existing bond on file (see Item 20 above) |
| 2. A Drilling Plan | 5. Operator certification |
| 3. A Surface Use Plan (if the location is on National Forest System Lands, the SUPD must be filed with the appropriate Forest Service Office) | 6. Such other site specific information and or plans as may be required by the BLM |

25. Signature

Name (Printed/Typed)
Kelly J. Holly

Date
08/28/2015

Title

Permitting Tech

Approved by (Signature)

Name (Printed/Typed)

Date
JAN 25 2016

Title

FOR

FIELD MANAGER

Office

BLM-CARLSBAD FIELD OFFICE

Application approval 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.

Conditions of approval, if any, are attached

APPROVAL FOR TWO YEARS

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

(Continued on page 2)

*(Instructions on page 2)

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

APPROVAL SUBJECT TO
GENERAL REQUIREMENTS AND
SPECIAL STIPULATIONS
ATTACHED

RUP 4-7-2017

**Witness Surface &
Intermediate Casing**

Controlled Water Basin

DETAIL "A"

CORNER DATA
MAG 27° GRD - NW EAST

A. FND 1/2\" REBAR N 580038.5 - E 580543.0	FND USGLO BC 1914 N 675322.5 - E 581200.4
B. BRASS CAP 1914 N 672681.7 - E 580629.9	FND 1\" ST. FND N 672682.3 - E 57269.5
C. BRASS CAP 1914 N 675321.9 - E 580628.5	FND USGLO BC 1914 N 670041.9 - E 581200.7
D. BRASS CAP 1914 N 675323.7 - E 583274.5	
F. FND 1/2\" REBAR N 675329.9 - E 585912.5	
F. BRASS CAP 1914 N 672688.8 - E 585919.4	
C. FND 5/8\" REBAR N 670044.8 - E 585932.4	
F. FND USGLO BC 1914 N 675322.9 - E 588553.7	

"OPERATOR" CERTIFICATION

I hereby certify that the information shown on this plan was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief

5-15-13

Kelly J. Holly
Signature

Kelly J. Holly
Printed Name

kholly@concho.com
E-mail Address

"SURVEYOR" CERTIFICATION

I hereby certify that the well location shown on this plan was plotted from field notes of actual surveys made by me or under my supervision and that the same is true and correct to the best of my belief

4/10/13

Date of Survey

Robert M. Howett
Signature and Seal of Professional Surveyor

19680

Certificate Number