В	DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.	
SUNDRY NOTICES AND REPORTS ON WELLS					6. If Indian, 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					8. Well Name and No. JENKINS B FEDERAL COM 24H		
2. Name of Operator Contact: ROBYN RUSSELL					9. API Well No.		
COG OPERATING LLC E-Mail: rrussell@concho.com				30-015-43643-00-X1			
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	(include area code) -4385 -4						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State		
Sec 19 T17S R30E SENE 2391FNL 45FEL				EDDY COUNTY, NM			
12. CHECK THE A	PPROPRIATE BOX(ES) 1	ro indica	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	Acidize Dec		pen	Production (Start/Resume)		UWater Shut-Off	
Subsequent Report			raulic Fracturing			U Well Integrity	
□ Final Abandonment Notice □ Casing Repair		—	Construction	Recomp	arily Abandon	Other Change to Original A	
	Convert to Injection	🗖 Plug		U Water I	•	PD	
13. Describe Proposed or Completed Op If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involve testing has been completed. Final A determined that the site is ready for	ally or recomplete horizontally, g rk will be performed or provide t d operations. If the operation resu bandonment Notices must be file	ive subsurface he Bond No. or alts in a multipl	locations and measu a file with BLM/BIA e completion or reco	red and true ve Required su mpletion in a	ertical depths of all pertin osequent reports must be new interval, a Form 316	ent markers and zones. filed within 30 days 0-4 must be filed once	
COG Operating LLC respectf 02/08/2018.	ully requests a two year ex	tension to th	is APD schedule	d to expire			
NM OIL CONSEI ARTESIA DIST	Accepted for record - NMOCD						
FEB 052	018		211				
	APPR	OVED FO	24 _{MONTH} 2-2020	PERIOD			
RECEIVE	ED ENDI	NG Z Z	-2020				
14. 1 hereby certify that the foregoing i	Electronic Submission #4	PERATING LI	.C. sent to the Ca	arlsbad			
Name (Printed/Typed) ROBYN RUSSELL			Title REGULATORY ANALYST				
Signature (Electronic Submission)			Date 01/25/2018				
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE		
Approved By_DUNCAN WHITLOCK			TitleTECHNIC	ECHNICAL LEAD PET Date 02/02/201		Date 02/02/2018	
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 States any false, fictitious or fraudulent				willfully to m	ake to any department or	agency of the United	
(Instructions on page 2)						D **	

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