

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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 purposes.

5. Lease Serial No.  
NMLC028731B

6. Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

Carlsbad Field Office  
OCD Artesia7. If Unit or CA/Agreement, Name and/or No.  
NMNM111789X

## 1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

## 8. Well Name and No.

DODD FEDERAL UNIT 980H

## 2. Name of Operator

COG OPERATING LLC

Contact: ROBYN RUSSELL

E-Mail: russell@concho.com

## 9. API Well No.

30-015-44807-00-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 NENW 330FNL 1800FWL  
32.855469 N Lat, 104.065422 W Lon

## 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			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	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 Operating LLC respectfully requests a variance for the use of a flexible choke from the BOP to the choke manifold. See attached certificate.

RECEIVED

NOV 06 2018

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

DISTRICT II-ARTESIA O.C.D.

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

Electronic Submission #437598 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Carlsbad

Committed to AFMSS for processing by PRISCILLA PEREZ on 10/01/2018 (19PP0023SE)

Name (Printed/Typed) ROBYN RUSSELL

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 09/28/2018

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Mustafa Hague

Title

Petroleum Engineer  
Carlsbad Field Office

Date 10-30-2018

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

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 \*\*

QUALITY CONTROL INSPECTION AND TEST CERTIFICATE				CERT. N°: 581	
PURCHASER: ContiTech Oil & Marine Corp.			P.O. N°: 4500511543		
CONTITECH RUBBER order N°: 540352		HOSE TYPE: 3" ID Choke and Kill Hose			
HOSE SERIAL N°: 89915		NOMINAL / ACTUAL LENGTH: 10,67 m / 10,76 m			
W.P. 68,9 MPa 10000 psi		T.P. 103,4 MPa 15000 psi		Duration: 60 min.	
<p>Pressure test with water at ambient temperature</p> <p style="text-align: center;">See attachment. ( 1 page )</p>					
COUPLINGS Type		Serial N°		Quality	
3" coupling with		7563 7565		AISI 4130	
4 1/16" 10K API b.w. Flange end				AISI 4130	
<p><b>NOT DESIGNED FOR WELL TESTING</b></p>				<p><b>API Spec 16 C</b></p> <p><b>Temperature rate:"B"</b></p>	
All metal parts are flawless					
WE CERTIFY THAT THE ABOVE HOSE HAS BEEN MANUFACTURED IN ACCORDANCE WITH THE TERMS OF THE ORDER INSPECTED AND PRESSURE TESTED AS ABOVE WITH SATISFACTORY RESULT.					
STATEMENT OF CONFORMITY: We hereby certify that the above items/equipment supplied by us are in conformity with the terms, conditions and specifications of the above Purchaser Order and that these items/equipment were fabricated inspected and tested in accordance with the referenced standards, codes and specifications and meet the relevant acceptance criteria and design requirements.					
COUNTRY OF ORIGIN HUNGARY/EU					
Date:		Inspector		Quality Control	
18. March 2015.				<p>ContiTech Industrial Kft. Quality Control Dept. (1)</p>	

**PECOS DISTRICT  
DRILLING CONDITIONS OF APPROVAL**

OPERATOR'S NAME:	COG Operating
LEASE NO.:	LC028731A
WELL NAME & NO.:	980H – Dodd Federal Unit
SURFACE HOLE FOOTAGE:	330'/N & 1800'/W
BOTTOM HOLE FOOTAGE:	330'/N & 550'/W, sec. 11
LOCATION:	Sec. 10, T. 17 S, R. 29 E
COUNTY:	Eddy County

**A. PRESSURE CONTROL**

1. Variance approved to use flex line from BOP to choke manifold; the following requirements apply: 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.

**MHH 10302018**