

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

JUN 05 2014

FORM APPROVED
OMB No. 1004- 0137
Expires: July 31, 2010

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.

RECEIVED

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM120908
2. Name of Operator COG Production LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6946	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) SHL: 190' FSL & 1650' FEL, Unit O (SWSE) Sec 29-T24S-R32E BHL: 350' FNL & 1871' FEL, Unit B (NWNE) Sec 29-T24S-R32E		8. Well Name and No. Azores Federal #2H
Lat. Long.		9. API Well No. 30-025-41534
		10. Field and Pool, or Exploratory Area WC-025 G06 S253206M; Bone Spring
		11. County or Parish, State Lea NM

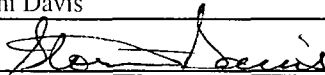
12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	_____
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input checked="" type="checkbox"/> 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 recompleat horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall 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 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

Required Information for the Disposal of Produced Water:

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1500 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Trucked
- 5) Disposal Facility #1:
 - a) Facility Operator Name: Mesquite SWD, Inc.
 - b) Name of facility or well name & number: Paduca SWD #1 (SWD-1264)
 - c) Type of facility of well: WDW
 - d) Location by 1/4, 1/4, Section, Township & Range: SENE, 22-T25S-R32E
- Disposal Facility #2:
 - a) Facility Operator Name: COG Operating LLC
 - b) Name of facility or well name & number: Eata Fajita 8 State SWD #1 (SWD-1361)
 - c) Type of facility of well: WDW
 - d) Location by 1/4, 1/4, Section, Township & Range: SENW, 8-T24S-R33E

14. I hereby certify that the foregoing is true and correct.	
Name (Printed/ Typed) Stormi Davis	Title: Regulatory Analyst
Signature: 	Date: 6/4/14

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:	Title:
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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction	
(Instructions on page 2)	

OCD Conditions of Approval ==
Accepted for **RECORD ONLY**, All Federal forms requires BLM Approval.

JUN 09 2014