Form 3160-5 (June 2015)

#### **UNITED STATES** DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

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

5. Lease Serial No. NMNM119277

SUND	RY NOTIC	CES AND	REPOR	IS ON	WELLS
Do not use	e this form	for prope	osals to di	rill or to	re-enter an
bandoned	well. Use	form 316	0-3 (APD)	for suc	h proposals

abandoned wel		6. If Indian, Allottee or Tribe Name					
SUBMIT IN	7. If	7. If Unit or CA/Agreement, Name and/or No.					
Type of Well	ner		Well Name and No.     COLUMBUS FEDERAL COM 22H				
Name of Operator     COG OPERATING LLC	Contact: STOF E-Mail: sdavis@concho.d	RMI DAVIS	9. AF	PI Well No. 0-025-43693			
3a. Address 2208 WEST MAIN ARTESIA, NM 88210		Phone No. (include area code) 575-748-6946		10. Field and Pool or Exploratory Area BOBCAT DRAW;UP WOLFCAMP			
4. Location of Well (Footage, Sec., T.	., R., M., or Survey Description)		11. C	11. County or Parish, State			
Sec 34 T25S R33E Mer NMP	NENE 210FNL 1300FEL	/ LE	LEA COUNTY, NM				
12. CHECK THE AF	PPROPRIATE BOX(ES) TO I	NDICATE NATURE O	F NOTICE, REPO	ORT, OR OTHER	RDATA		
TYPE OF SUBMISSION	ACTION						
☐ Notice of Intent	☐ Acidize	□ Deepen	☐ Production (St	art/Resume)	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 A	bandon			
	☐ Convert to Injection	□ Plug Back	■ Water Disposa	1			
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.  Required Information for the Disposal of Produced Water:  1) Name of formation producing water on lease: Wolfcamp  2) Amount of water produced in barrels per day: 3500 BWPD  3) How water is moved to disposal facility: Pipeline  5) Disposal Facility #1:  a) Facility Operator Name: Owl SWD Operating LLC  b) Name of facility or well name & number: Brown #5  c) Type of facility or well name & number: Brown #5  c) Type of facility of well: WDW  d) Location by 1/4, 1/4, Section, Township & Range: SWNW, Sec 25-T25S-R36E  Disposal Facility #2:  a) Facility Operator Name: Owl SWD Operating LLC  CARLSBAD FIELD OFFICE							
14. I hereby certify that the foregoing is true and correct.  Electronic Submission #409519 verified by the BLM Well Information System  For COG OPERATING LLC, sent to the Hobbs  Committed to AFMSS for processing by DEBORAH MCKINNEY on 03/29/2018 ()  Name (Printed/Typed) STORMI DAVIS  Title PREPARER							
Signature (Electronic Submission) Date 03/28/2018							
	THIS SPACE FOR FE	EDERAL OR STATE (	OFFICE USE		4		
Approved By	Title			Date			
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduction	itable title to those rights in the subject						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s			willfully to make to ar	ny department or ager	ncy of the United		

### Additional data for EC transaction #409519 that would not fit on the form

#### 32. Additional remarks, continued

b) Name of facility or well name & number: Madera SWD #1 (SWD-1550)
c) Type of facility of well: WDW
d) Location by 1/4, 1/4, Section, Township & Range: SESW, Sec 14-T24S-R34E
Disposal Facility #3:
a) Facility Operator Name: Owl SWD Operating LLC
b) Name of facility or well name & number: McCloy SWD #1 (SWD-1593)
c) Type of facility of well: WDW
d) Location by 1/4, 1/4, Section, Township & Range: NWSW, Sec 15-T24S-R32E

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.

<sup>\*</sup> This sundry is being submitted to correct the formation of the produced water from Bone Spring to Wolfcamp.

## BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

# Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8 Disposal at any other site will require prior approval.
- 9 Subject to like approval by NMOCD.

4/4/2017