	UNITED STATES PARTMENT OF THE II UREAU OF LAND MANA	NTERIOR	Carlsba	d Fie	d Office Qu	APPROVED D. 1004-0137 nuary 31, 2018
SUNDRY	NOTICES AND REPO	RTS ON WE	LLS O	HY	5. Lease Serial No.	
abandoned wel	s form for proposals to II. Use form 3160-3 (API	D) for such p	roposals.	5 2018	6. If Indian, Allottee or	Tribe Name
SUBMIT IN TRIPLICATE - Other instructions on page 2				WE	7. If Unit or CA/Agree	ment, Name and/or No.
Type of Well	QE.	CENE	8. Well Name and No. TIN MAN FEDERAL COM 1H			
2. Name of Operator Contact: MAYTE X REYES COG OPERATING LLC E-Mail: mreyes1@concho.com				9. API Well No. 30-025-43133-00-X1		
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	(include area code) 8-6945	code) 10. Field and Pool or Exploratory Area LUSK				
4. Location of Well (Footage, Sec., T.		11. County or Parish, State				
Sec 9 T19S R32E NWNE 190		/	LEA COUNTY, NM			
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	ΓE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	tice of Intent		oen	☐ Product	ion (Start/Resume)	■ Water Shut-Off
	☐ Alter Casing ☐ H		raulic Fracturing	g Reclamation		■ Well Integrity
☐ Subsequent Report			Construction	☐ Recomplete		Other
☐ Final Abandonment Notice			and Abandon	☐ Water Disposal		
	☐ Convert to Injection ☐ Plug					
13. Describe Proposed or Completed Ope If the proposal is to deepen directions Attach the Bond under which the wor following completion of the involved testing has been completed. Final Ab determined that the site is ready for final	ally or recomplete horizontally, rk will be performed or provide operations. If the operation re pandonment Notices must be fil	give subsurface the Bond No. on sults in a multiple	locations and measu file with BLM/BIA e completion or reco	red and true ve Required su empletion in a	ertical depths of all pertine bsequent reports must be new interval, a Form 3160	ent markers and zones. filed within 30 days 0-4 must be filed once
COG Operating LLC, respectf	ully requests approval for	a two extens	ion to the above	referenced	APD.	
APPROVED FOR 24 MONTH PERIOD ENDING 3-16-2020						
ENDING 3-16-2020						
Ø₽						
14. I hereby certify that the foregoing is true and correct. Electronic Submission #406999 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs						
	AN WHITLOCK on 03/08/2018 (18DW0095SE) Title REGULATORY TECHNICIAN					
Name (Printed/Typed) GENESIS	THE REGUL	ATORTIE	CHNICIAN			
Signature (Electronic Submission)			Date 03/08/2018			
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE	
Agreemed By DUNICAN WHITLOCK			THATECHNIC	ALLIPET Date 03/29/2018		
Approved By DUNCAN WHITLOCK Conditions of approval, if any, are attached. Approval of this notice does not warrant or			TitleTECHNICAL LPET Date 03/29/2018			
certify that the applicant holds legal or equ which would entitle the applicant to condu	Office Hobbs					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				willfully to m	ake to any department or	agency of the United
(Instructions on page 2) ** BLM REV	ISED ** BLM REVISEI	O ** BLM RE	VISED ** BLN	REVISE	** BLM REVISE	D **