Form 3160-5 (June 2015)

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

SUNDRY NOTICES AND REPORTS ON WELLS

**OCD Hobbs** 

Lease Serial No. NMNM19859

, Do not use thi abandoned wel	s form for proposals to drill or to l ll. Use form 3160-3 (APD) for such	proposi BBS	SOC	6. If Indian, Allottee or	Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on page 2 MAY 29 2018				7. If Unit or CA/Agreement, Name and/or No. NMNM135942		
1. Type of Well				8. Well Name and No. MONET FEDERAL COM #3H CTB MISC		
S Oil Well Gas Well Other RECEIVED					F COM #3H C IR WISC	
2. Name of Operator Contact: BOBBIE GOODLOE COG OPERATING LLC E-Mail: bgoodloe@concho.com				9. API Well No. 30. 025 - 42764		
3a Address 2208 W MAIN STREET ARTESIA, NM 88210		No. (include area code) 748-6952		10. Field and Pool or E RED HILLS; UP	xploratory Area * PER BS	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 4 T25S R33E NENW 190FNL 1980FWL				LEA COUNTY, NM		
					:	
12: CHECK THE AF	PROPRIATE BOX(ES) TO INDIC	ATE NATURE OF	NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION		TYPE OF	ACTION	\^^		
Notice of Intent	☐ Acidize ☐ D	eepen :	☐ Producti	on (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing ☐ H	ydraulic Fracturing	☐ Reclama	ation	☐ Well Integrity	
Subsequent Report	☐ Casing Repair ☐ N	ew Construction	☐ Recomp	lete	Other	
Final Abandonment Notice	☐ Change Plans ☐ Pl	lug and Abandon	☐ Tempora	arily Abandon		
	☐ Convert to Injection ☐ Pl	lug Back	■ Water D	isposal		
testing has been completed. Final Abdetermined that the site is ready for fit COG OPERATING LLC RESEMONET FEDERAL COM #32ELUCID GAS SALES METER #ACCORDING TO ALL FEDER SEE ATTACHED FACILITY DMONET FEDERAL COM #3HMONET FEDERAL COM #8HMONET FEDERAL COM #10EMONET FEDERAL FEDERAL COM #10EMONET FEDERAL FED	PECTFULLY REQUESTS DESIGNA H CTB. H4418 MEETS API AND AGA STAN RAL REQUIREMENTS AND REGUL IAGRAM 30-025-42763 30-025-42765 30-025-42766 H 30-025-42767	all requirements, includir TION OF GAS FAC NDARDS AND WILL	ILITY MEA	n, have been completed a	S FOR OUR	
14. I hereby certify that the foregoing is  Name (Printed/Typed) BOBBIE G	Electronic Submission #420817 verifing For COG OPERATING Committed to AFMSS for processing I	DY DEBORAH MCKIN	INEY on 05/2	21/2018 ()		
Name (Frimed) Typed) BOBBIE G	OODLOE	Title REGULA	TORY ANA	ALYSI		
Signature (Electronic S	ubmission)	Date,05/21/20	18			
	THIS SPACE FOR FEDER	RAL OR STATE O	FFICE US	SE :		
on the state of t	. 1.		,	***		
Approved By		Title		<u> </u>	Date	
onditions of approval, if any, are attached ertify that the applicant holds legal or equ which would entitle the applicant to condu-		<u> </u>				
itle 18 U.S.C. Section 1001 and Title 43 I States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a crime for any tatements or representations as to any matter	person knowingly and w within its jurisdiction.	villfully to ma	ke to any department or	agency of the United	

(Instructions on page 2)

OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED

