Form 3160- 5 (August, 2007)

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

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FORM APPROVED OMB No. 1004-0137

Expires: July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLSFEB 12 20 Do not use this form for processing. Do not use this form for proposals to drill or to re-enter an

NMNM120910 If Indian, Allottee, or Tribe Name

aban	doned well. Use Form 3160)-3 (APD) for such prope	osals. MECTIVE	טן		
SUBMIT IN	TRIPLICATE - Other Ins	tructions on page 2.	Ber		Agreement Name and	or No.
1. Type of Well X Oil Well Gas Well	Other			8. Well Name and		
2. Name of Operator					tail 3 Federal #	[£] 2H
COG Production LLC				9. API Well No.		
3a. Address		3b. Phone No. (include	de area code)		30-025-40685	
2208 W. Main Street Artesia, NM 88210		575-7	48-6946	10. Field and Poo	l, or Exploratory Area	<u>.</u> 1
4. Location of Well (Footage, Sec., T., R.,	M., or Survey Description)		Lat.	WC-025 G(05 S263208P; I	Bone Spring
SHL: 330' FSL & 480' FEL,	Unit P (SESE) Sec 3-T26	S-R32E	Y	11. County or Par	ish, State	
BHL: 350' FNL & 429' FEL,	Unit A (NENE) Sec 3-T2	6S-R32E	Long.	Lea		NM
12. CHECK APPROPRIATE BOX	K(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER DA	ATA		
TYPE OF SUBMISSION		TY	PE OF ACTION			
Notice of Intent	Acidize	Deepen	Production (Sta	urt/ Resume)	Water Shut-of	f
	Altering Casing	Fracture Treat	Reclamation		Well Integrity	
X Subsequent Report	Casing Repair	New Construction	Recomplete		X Other	
	Change Plans	Plug and abandon	Temporarily Ab	andon	Completion	Operations
Final Abandonment Notice	Convert to Injection	Plug back	Water Disposal			
13. Describe Proposed or Completed (If the proposal is to deepen dire Attach the Bond under which the	ctionally or recomplete horizonta	ally, give subsurface location	ns and measured and	true vertical dept	hs or pertinent ma	arkers and sands.

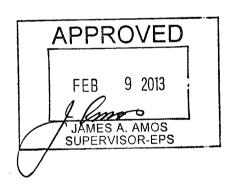
following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has

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: 1700 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

determined that the site is ready for final inspection.)

d) Location by 1/4, 1/4, Section, Township & Range: SENE, 22-T25S-R32E



Continued on Page 2

SEE ATTACHED FOR CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct.			
Name (Printed/ Typed)			
Stormi Davis	Title: Regulatory Ana	alyst	
Signature:	Date: 1/23/13		
THIS SPACE FOR FED	ERAL OR STATE OFF	CE USE	
Approved by:	Title:	Date:	
Conditions of approval, if any are attached. Approval of this notice does not warra	nt or		
certify that the applicant holds legal or equitable title to those rights in the subject which would entitle the applicant to conduct operations the	lease Office:		
Tide 19 U.S.C. Section 1001 AND Tide 42 U.S.C. Section 1212 and it a sain		1 706.0	

U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make any department or agency of the United States any false, fictitiousor fraudulent statements or representations as to any matter within its jurisdiction

Required Information for the Disposal of Produced Water -2-

Pintail 3 Federal #2H 30-025-40685 Lea County, NM

Disposal Facility #2:

- a) Facility Operator Name: Mesquite SWD, Inc.
- b) Name of facility or well name & number: Bran SWD #1 (SWD-649-B)
- c) Type of facility of well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SESE, 11-T24S-R31E

Disposal Facility #3:

- a) Facility Operator Name: Mesquite SWD, Inc.
- b) Name of facility or well name & number: West Jal Disposal #1 (SWD-272)
- c) Type of facility of well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SWNE, 10-T25S-R36E

Disposal Facility #4:

- a) Facility Operator Name: COG Operating LLC
- b) Name of facility or well name & number: Charger 29 Federal SWD #1 (SWD-630-A)
- c) Type of facility of well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SWNW, 29-T23S-R30E

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.
- 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.
- 5. All above ground structures on the lease shall be painted Shale Green (5Y 4/2), or as per approved APD stipulations. This is to be done within 90 days, if you have not already done so.
- Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- 7. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- 8. 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.

9/22/09