

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0135
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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. NIGHTCAP 6 FEDERAL COM 3H
2. Name of Operator COG OPERATING LLC Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		9. API Well No. 30-025-41589-00-X1
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6945	10. Field and Pool, or Exploratory LUSK
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T20S R32E Lot 3 330FNL 2020FWL		11. County or Parish, and State LEA COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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 of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with 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 Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Operating LLC, respectfully requests a variance to install a flexible choke line instead of a straight choke line prescribed in Onshore Order No. 2, III.A.2.b Minimum standards and enforcement provisions for choke manifold equipment. This request is made under the provision of Onshore Order No. 2, IV Variances from Minimum Standard. The rig to be used to drill this well is equipped with a flexible choke line therefore request the variance be approved if it is determined that the proposed alternative meets the objectives of the applicable minimum standards.

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

Justifications

Use of the flexible choke line will reduce the number of target tees required to make up from the choke line valve to the choke manifold. This configuration will facilitate ease of rig up and BOPE Testing.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #276482 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by JENNIFER MASON on 11/06/2014 (15JAM0014SE)	
Name (Printed/Typed) MAYTE X REYES	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 11/06/2014
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 person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

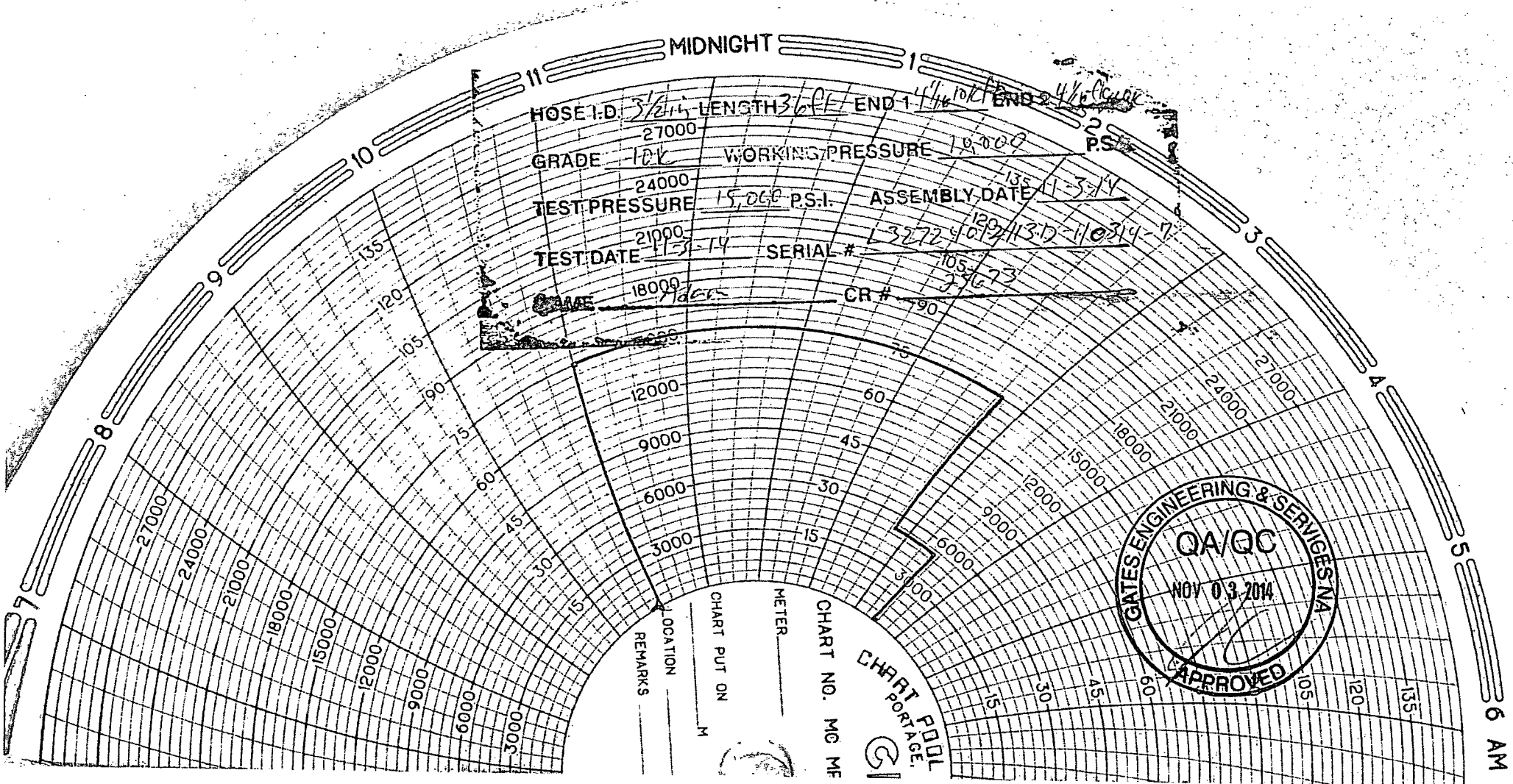
NOV 12 2014

Additional data for EC transaction #276482 that would not fit on the form

32. Additional remarks, continued

Attachments:

Attachment #1: Specification from Manufacturer, Mill and Test Certification



HOSE I.D. 3/2 in LENGTH 36 ft END 1 4 1/2 in END 2 4 1/2 in

GRADE 10K WORKING PRESSURE 15000 PSI

TEST PRESSURE 15,000 PSI ASSEMBLY DATE 11-3-14

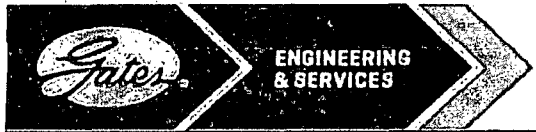
TEST DATE 11-3-14 SERIAL # L3272402/1312-110314-7

NAME Aders CR # 73673



CHART NO. MC MF
METER
CHART PUT ON
LOCATION
REMARKS

6 AM



GATES E & S NORTH AMERICA, INC.
134 44TH STREET
CORPUS CHRISTI, TEXAS 78405

PHONE: 361-887-9807
FAX: 361-887-0812
EMAIL: Tim.Cantu@gates.com
WEB: www.gates.com

10K CHOKE & KILL ASSEMBLY PRESSURE TEST CERTIFICATE

Customer :	AUSTIN DISTRIBUTUNG	Test Date:	11/3/2014
Customer Ref. :	4055857	Hose Serial No.:	D-110314-7
Invoice No. :	204799	Created By:	NORMA MATA
Product Description:	10K3.536.0CK4.1/1610KFLGE/E L/E		
End Fitting 1 :	10K 4.1/16 FLG	End Fitting 2 :	10K 4.1/16-FLG
Gates Part No. :	4774-8001	Assembly Code :	L32724012113D-110314-7
Working Pressure :	10,000 PSI	Test Pressure :	15,000 PSI

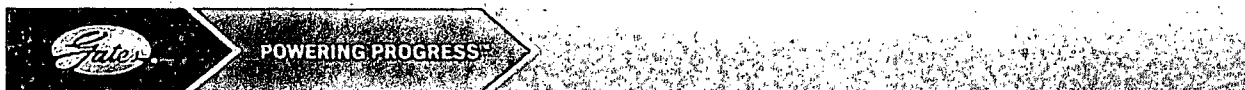
Gates E & S North America, Inc. certifies that the following hose assembly has been tested to the Gates Oilfield Roughneck Agreement/Specification requirements and passed the 15 minute hydrostatic test per API Spec 7K/Q1, Fifth Edition, June 2010, Test pressure 9.6.7 and per Table 9 to 15,000 psi in accordance with this product number. Hose burst pressure 9.6.7.2 exceeds the minimum of 2.5 times the working pressure per Table 9.

Quality Manager :
Date :
Signature :

QUALITY
11/3/2014
<i>[Signature]</i>

Technical Supervisor :
Date :
Signature :

PRODUCTION
11/3/2014
<i>[Signature]</i>

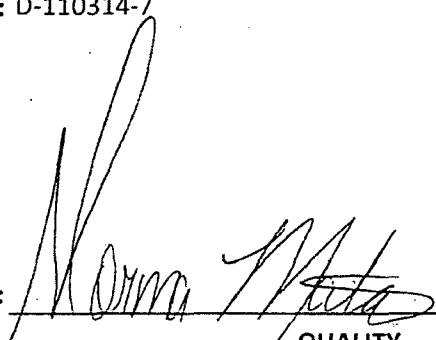


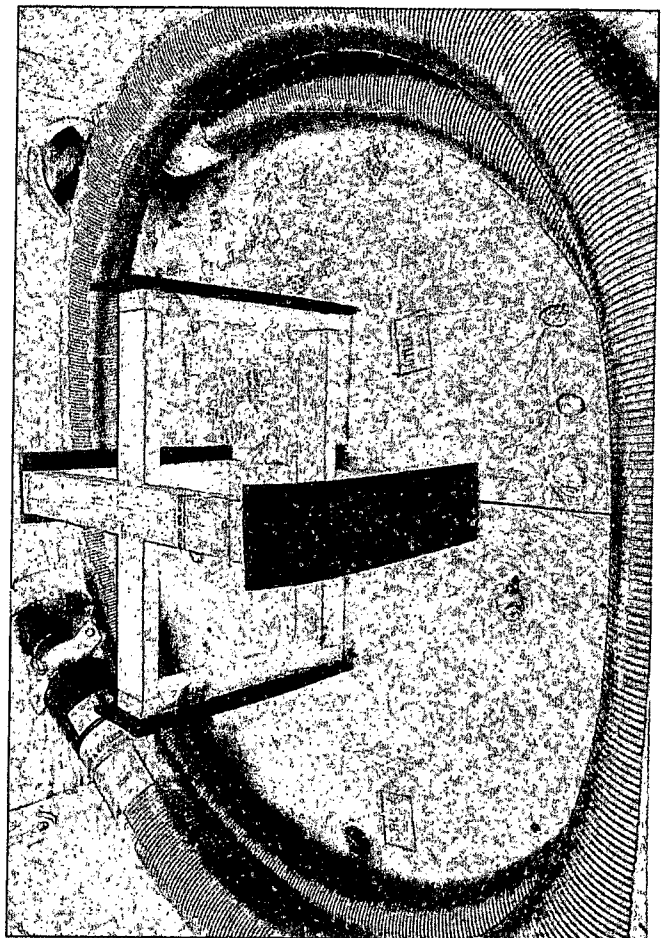
Gates E&S North America, Inc.
134 - 44th St.
CORPUS CHRISTI, TEXAS 78405
PHONE : (361) 887-9807
FAX: (361) 887-0812
Tim.Cantu@gates.com


CERTIFICATE OF CONFORMANCE

This is to verify that all Parts and/or Materials included in this shipment have been manufactured and/or processed in Conformance with applicable drawings and specifications, and that Records of Required Tests are on file and subject to examination. The following items were assembled at Gates E & S, North America Inc., facilities in Corpus Christi, TX, USA. This hose assembly was designed and manufactured to meet all the requirements of API Spec 7K.

CUSTOMER: AUSTIN DISTRIBUTUNG
CUSTOMERS P.O.#: 4055857
PART DESCRIPTION: 10K3.536.0CK4.1/1610KFLGE/E L/E
SALES ORDER #: 204799
QUANTITY: 1
SERIAL #: D-110314-7

SIGNATURE: 
TITLE: _____ QUALITY
DATE: 11/3/2014





CONCRETE SPECIALTIES, INC.
 15201 W. 10TH AVE.
 SUITE 200
 DENVER, CO 80202
 (303) 751-1000

PHONE 303-407-3507
 FAX 303-407-0822
 EMAIL info@concrete.com
 WEB www.concrete.com

2007 CONCRETE FINISHING & POLISHING TEST CERTIFICATE

NAME: [REDACTED]
 TITLE: [REDACTED]
 COMPANY: [REDACTED]

TEST DATE: [REDACTED]
 TEST TIME: [REDACTED]
 TEST LOCATION: [REDACTED]

TEST TYPE: [REDACTED]
 TEST METHOD: [REDACTED]
 TEST RESULTS: [REDACTED]

TESTER: [REDACTED]
 REVIEWER: [REDACTED]
 APPROVER: [REDACTED]

TESTER SIGNATURE: [REDACTED]
 REVIEWER SIGNATURE: [REDACTED]
 APPROVER SIGNATURE: [REDACTED]

TESTER ID: [REDACTED]
 REVIEWER ID: [REDACTED]
 APPROVER ID: [REDACTED]



Gates E&S North America
134 - 44th St.
CORPUS CHRISTI, TEXAS 78405
PHONE : (361) 887-9807
FAX: (361) 887-0812
Tim.Cantu@gates.com

PACKAGING: PALLET

[illegible]

**PECOS DISTRICT
CONDITIONS OF APPROVAL**

OPERATOR'S NAME:	COG Operating, LLC
LEASE NO.:	NMNM-107392
WELL NAME & NO.:	Nightcap 6 Federal 3H
SURFACE HOLE FOOTAGE:	0330' FNL & 2020' FWL
BOTTOM HOLE FOOTAGE	0330' FSL & 1980' FWL
LOCATION:	Section 06, T. 20 S., R 32 E., NMPM
COUNTY:	Lea County, New Mexico
API:	30-025-41589

Original COAs along with any sundries still stand:

1. Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

JAM 110614