

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**SUNDRY NOTICES AND REPORTS ON WELLS**<sup>Hobbs</sup>  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

5. Lease Serial No.  
NMNM22643

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on reverse side** **HOBBS OGD**

7. If Unit or CA/Agreement, Name and/or No.  
NMNM131490

1. Type of Well  
☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.  
PEASHOOTER 4 FEDERAL COM 2H

2. Name of Operator  
COG OPERATING LLC

Contact: BRIAN MAIORINO  
E-Mail: bmaiorino@concho.com

9. API Well No.  
30-025-41214-00-S1

3a. Address  
ONE CONCHO CENTER 600 W ILLINOIS AVENUE  
MIDLAND, TX 79701-4287

3b. Phone No. (include area code)  
Ph: 432-221-0467

10. Field and Pool, or Exploratory  
LUSK

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 4 T19S R32E SESW 0190FSL 1980FWL  
32.682612 N Lat, 103.772960 W Lon

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 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 checked="" 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	Venting and/or Flaring
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon		
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal		

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.)

Actual gas flared for this well 3/1/14-6/1/14,  
NOI Electronic Submission #239868

March  
Total Flared = 14040 mcf

April  
Total Flared = 9,783 mcf

May  
Total Flared = 0 mcf

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #257583 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 10/10/2014 (14BMW0382SE)**

Name (Printed/Typed) BRIAN MAIORINO

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 08/19/2014

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

ACCEPTED FOR RECORD  
APR 2 2015  
BUREAU OF LAND MANAGEMENT

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 any statement or representation 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 \*\***

*MJB/OD 4/6/2015*

**Accepted for Record Only**

**APR 07 2015**

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