

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.*5. Lease Serial No.
NMNM119277

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

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

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: MELANIE J WILSON
E-Mail: mwilson@concho.com18. Well Name and No.
BATTLE AXE FEDERAL COM 2H3a. Address
600 W ILLINOIS AVE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 575-748-695210. Field and Pool, or Exploratory
RED HILLS; BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 2 T26S R33E Mer NMP SWNW 2260FNL 380FWL

11. County or Parish, and State

LEA COUNTY 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
	<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.)

CHANGE OF OPERATOR

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change in operator on the above referenced lease.

COG Operating LLC, as the new operator, accepts all applicable terms, conditions, stipulations and restrictions concerning operations conducted on the lease or portion of the lease described.

COG Operating LLC meets federal bonding requirements as follows (43 CFR 3104):

Bond Coverage: Individually Bonded

BLM Bond File No. NMB000740 & NMB000215

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

Electronic Submission #311069 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs

Name (Printed/Typed) MELANIE J WILSON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 07/31/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

ACCEPTED FOR RECORD

Approved By

Title

Date

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

AUG 13 2015

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.

BUREAU OF LAND MANAGEMENT

CARLSBAD FIELD OFFICE

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

AUG 31 2015

Additional data for EC transaction #311069 that would not fit on the form

32. Additional remarks, continued

Change of Operator effective August 1, 2015