Form	31	60-5
(Augu	ıst	2007)

## UNITED STATES

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FORM APPROVED OMB NO. 1004-0135

DEPARTMENT OF THE IN	Hobbs	Expires: July 31, 2010  5. Lease Serial No. NMNM118726  6. If Indian, Allottee or Tribe Name			
SUNDRY NOTICES AND REPOR					
Do not use this form for proposals to abandoned well. Use form 3160-3 (APL	6. If In				
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			7. If Unit or CA/Agreement, Name and/or No.		
Type of Well		Name and No. NET FEDERAL COM 9H			
2. Name of Operator Contact: COG OPERATING LLC E-Mail: mreyes1@c	MAYTE X REYES 11/1	/ 0 a / 9. API	Well No. 025-42766		
3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area of Ph: 575-748-6945	ode)   10. Fie	10. Field and Pool, or Exploratory RED HILLS; U BS SHALE		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		11. County or Parish, and State			
Sec 4 T25S R33E NWNW 190FNL 1020FWL	LEA	LEA COUNTY, NM			
12. CHECK APPROPRIATE BOX(ES) TO	INDICATE NATURE (	OF NOTICE, REPORT	, OR OTHER DATA		
TYPE OF SUBMISSION	TYPI	E OF ACTION			
Notice of Intent	□ Deepen	☐ Production (Star	rt/Resume)		
☐ Alter Casing	☐ Fracture Treat	□ Reclamation	■ Well Integrity		
Subsequent Report ☐ Casing Repair	■ New Construction	□ Recomplete	Other		
☐ Final Abandonment Notice ☐ Change Plans	□ Plug and Abandon	☐ Temporarily Ab	andon Change to Original A		
☐ Convert to Injection	☐ Plug Back	■ Water Disposal			
Attach the Bond under which the work will be performed or provide following completion of the involved operations. If the operation restesting has been completed. Final Abandonment Notices shall be file determined that the site is ready for final inspection.)  COG Operating LLC, respectfully requests approval to roriginal approved APD.	sults in a multiple completion or ed only after all requirements, in	recompletion in a new inter- cluding reclamation, have be	val, a Form 3160-4 shall be filed once		
	Origin	al (04 still	ap 6/A.		
	No n	ced to send in	approval.		
For COG (	328268 verified by the BLM OPERATING LLC, sent to t	he Hobbs			
Committed to AFMSS for					
Name (Printed/Typed) MAYTE X REYES	Title REC	BULATORY ANALYST			
Signature (Electronic Submission)	Date 01/1	1/2016			
THIS SPACE FO	R FEDERAL OR STA	TE OFFICE USE	VED		
		APPRU	VED		
Approved By	Title	Konneth F	Rennick Date		
Conditions of approval, if any, are attached. Approval of this notice does certify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operations thereon.		JAN 12	2016		
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a States any false, fictitious or fraudulent statements or representations as	crime for any person knowingly	The same of the sa			

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