SUNDRY	UNITED STATES EPARTMENT OF THE IN UREAU OF LAND MANAGE NOTICES AND REPORT IS form for proposals to a II. Use form 3160-3 (APD	ETS ON WELLS Carl	OMB	APPROVED Q 1004-0135 J1 7 12 2010 or Tribe Name	
REC SUBMIT IN TRI	7. If Unit or CA/Agre NMNM135900	7. If Unit or CA/Agreement, Name and/or No. NMNM135900			
Type of Well	8. Well Name and No	8. Well Name and No. SL EAST 30 FEDERAL COM 2H			
Name of Operator COG OPERATING LLC	9. API Well No. 30-025-42524-	9. API Well No. 30-025-42524-00-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-BONE SPRING		
4. Location of Well (Footage, Sec., T	11. County or Parish,	11. County or Parish, and State			
Sec 19 T19S R32E SESE 520FSL 530FEL 32.640021 N Lat, 103.798165 W Lon			LEA COUNTY,	LEA COUNTY, NM	
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPORT, OR OTHE	ER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
□ Notice of Intent	☐ Acidize	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off	
	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	■ Well Integrity	
Subsequent Report Subsequent Re	☐ Casing Repair	■ New Construction	☐ Recomplete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	□ Temporarily Abandon	Venting and/or Flari ng	
	☐ Convert to Injection	□ Plug Back	☐ Water Disposal		
Attach the Bond under which the wo	rk will be performed or provide of operations. If the operation resident operation resident operation with the performed of the performance of the	the Bond No. on file with BLM/BI. ults in a multiple completion or red d only after all requirements, inclu	ured and true vertical depths of all pert A. Required subsequent reports shall b completion in a new interval, a Form 3 l ding reclamation, have been completed	e filed within 30 days 60-4 shall be filed once	
Con	Electronic Submission #3 For COG C nmitted to AFMSS for proce	54680 verified by the BLM We DPERATING LLC, sent to the ssing by PRISCILLA PEREZ of	on 10/13/2016 (16PP0810SE)		
Name (Printed/Typed) BRIAN MA	AIORINO	Title AUTHO	DRIZED REPRESENTATIVE		
Signature (Electronic S		Date 10/13/7	MAPEDIED FOR DEC	OPD	
	THIS SPACE FO	R FEDERAL OR STATE	OFFICE USE TOTALLO	1	
Approved By ACCEPT	MUSTA F/ TitlePETROLE	A HAQUE EUM ENGNOWER 2 2016	Date 11/02/2016		
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conduct the conduction of t	itable title to those rights in the	not warrant or subject lease Office Hobbs	BURFAU OF LAND MANAGEME	NT	
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s	U.S.C. Section 1212, make it a contact tatements or representations as t	rime for any person knowingly and o any matter within its jurisdiction	willfull A to Lisake to Fairy Laepartineit o		

Additional data for EC transaction #354680 that would not fit on the form

32. Additional remarks, continued

September: 0 mcf