Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

Lease	Serial No.
NMN	IM114997

SUNDRYN	OTICES A	ND KEPOK	15 ON	WELLS
Do not use this	form for pro	posals to d	Irill or to	re-enter an
ahandoned well				

abandoned wel	II. Use form 3160-3 (APD) fo	or such proposals	6. 11	indian, Anottee or 1110	be Name			
SUBMIT IN	TRIPLICATE - Other instruc	7. If N	7. If Unit or CA/Agreement, Name and/or No. NMNM136125					
Type of Well	ner	A St. A.		ell Name and No. TOVE PIPE FEDERA	AL COM 1H			
Name of Operator COG OPERATING LLC	Contact: STC	DRMI DAVIS		9. API Well No. 30-025-43838-00-X1				
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	0 W ILLINOIS AVENUE Pr	Phone No. (include area code) 1: 575.748.6946	10. I	10. Field and Pool or Exploratory Area WOLFCAMP				
4. Location of Well (Footage, Sec., T.	., R., M., or Survey Description)		11. (11. County or Parish, State				
Sec 6 T25S R35E 420FNL 51 32.165569 N Lat, 103.399696			LEA COUNTY, NM					
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
TYPE OF SUBMISSION		ТҮРЕ О	FACTION					
□ Notice of Intent	☐ Acidize	□ Deepen	☐ Production (S	tart/Resume)	Water Shut-Off			
_	☐ Alter Casing	☐ Hydraulic Fracturing	□ Reclamation		Well Integrity			
Subsequent Report	☐ Casing Repair	■ New Construction	□ Recomplete) Other			
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily	Abandon				
	☐ Convert to Injection	☐ Plug Back	■ Water Dispos	al				
If the proposal is to deepen directionally or recomplete 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection. Required Information for the Disposal of Produced Water: 1) Name of formation producing water on lease: Bone Spring 2) Amount of water produced in barrels per day: 3000 BWPD 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks 4) How water is moved to disposal facility: Pipeline 5) Disposal Facility #1: a) Facility Operator Name: Owl SWD Operating LLC b) Name of facility or well name & number: Brown #5 c) Type of facility or well name & number: Brown #5 c) Type of facility of well: WDW d) Location by 1/4, 1/4, Section, Township & Range: SWNW, Sec 25-T25S-R36E Disposal Facility #2: a) Facility Operator Name: Owl SWD Operating LLC								
14. I hereby certify that the foregoing is true and correct. Electronic Submission #403503 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 02/12/2018 (18PP0656SE) Name (Printed/Typed) STORMI DAVIS Title REGULATORY ANALYST								
				20				
Signature (Electronic Submission) Date 02/06/2018								
	THIS SPACE FOR I	FEDERAL OR STATE	OFFICE USE					
Approved By	Title		,	Date				
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to conductive the applicant to conductive the applicant to conductive the applicant to conduct	itable title to those rights in the subj							
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 crim	e for any person knowingly and	willfully to make to	any department or agen	ncy of the United			

Additional data for EC transaction #403503 that would not fit on the form

32. Additional remarks, continued

b) Name of facility or well name & number: Madera SWD #1 (SWD-1550) c) Type of facility of well: WDW d) Location by 1/4, 1/4, Section, Township & Range: SESW, Sec 14-T24S-R34E Disposal Facility #3:

a) Facility Operator Name: Owl SWD Operating LLC
b) Name of facility or well name & number: McCloy SWD #1 (SWD-1593)
c) Type of facility of well: WDW
d) Location by 1/4, 1/4, Section, Township & Range: NWSW, Sec 15-T24S-R32E

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument
- If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8 Disposal at any other site will require prior approval
- 9 Subject to like approval by NMOCD

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