

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

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.

HOBBS OCD

SUBMIT IN TRIPLICATE - Other instructions on page 2

JUN 18 2018

RECEIVED

5. Lease Serial No. NMNM92199
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.
8. Well Name and No. BROADCASTER 29 FEDERAL 3H
9. API Well No. 30-025-41909-00-S1
10. Field and Pool or Exploratory Area ANTELOPE RIDGE-BONE SPRING, W
11. County or Parish, State LEA COUNTY, NM

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com	
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6940
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T23S R34E NWNE 330FNL 1980FEL 32.165501 N Lat, 103.292380 W Lon	

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Site Facility Diagram/Security Plan
	<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 must 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 must be filed once testing has been completed. Final Abandonment 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.

See attached facility diagram.



14. I hereby certify that the foregoing is true and correct. Electronic Submission #401408 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 01/28/2018 (18PP0487SE)	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 01/18/2018

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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 _____

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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

BROADCASTER 29 FEDERAL 3H BATTERY
 NWN SECTION 29, T23S, R34E, UNIT B
 LEA COUNTY, NM

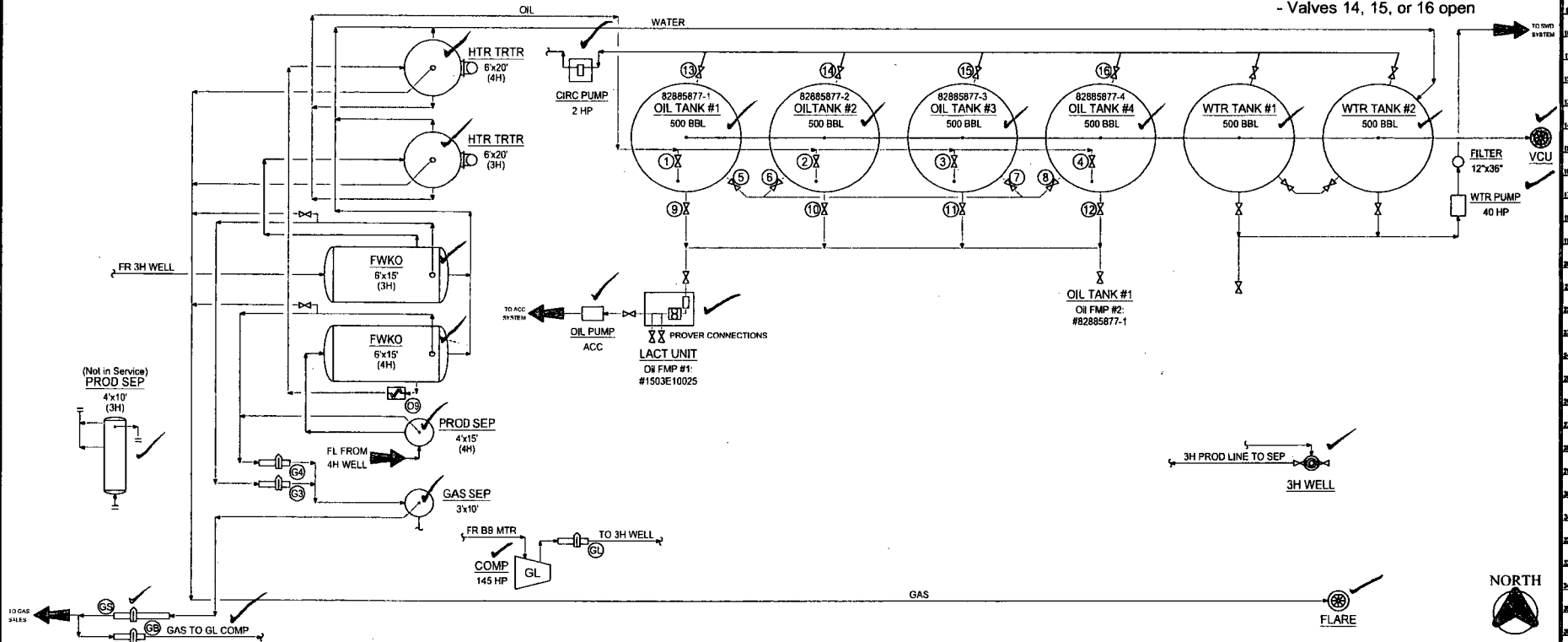
WELLS:
 BROADCASTER 29 FEDERAL #003H: 30-025-41909
 BROADCASTER 29 FEDERAL #004H: 20-025-42954

GAS FMP METER
 Targa Gas Sales Line
 Meter (GS): #161987

GAS METERS
 #3H Allocation Meter:
 (G3): #7170002
 #4H Allocation Meter:
 (G4): #7170001
 Gas Lift Meter:
 (GL): #7170003
 Targa Buy Back Meter:
 (GB): #1611009

Production Phase - Oil Tank #1
 - Valve 1 open
 - Valves 2, 3, and 4 closed
 - Valves 5, 6, 7, and 8 open
 - Valves 9, 10, 11, and 12 closed
 - Valve 13 open
 - Valves 14, 15, and 16 closed

Sales Phase - Oil Tank #1
 - Valve 1 closed
 - Valves 2, 3, or 4 open
 - Valve 5 closed
 - Valves 6, 7, and 8 open
 - Valve 9 open
 - Valves 10, 11, and 12 closed
 - Valve 13 closed
 - Valves 14, 15, or 16 open



NOTES:

Type of Lease: Federal
 Federal Lease SHL #: NMNM 092199
 Property Code: 317331
 OGRID #: 229137

Ledger for Site Diagram
 Produced Fluid: _____
 Produced Oil: _____
 Produced Gas: _____
 Produced Water: _____

CONFIDENTIALITY NOTICE
 THIS DRAWING IS PROPERTY OF COG OPERATING LLC AND IS LOANED TO THE ENGINEER FOR CONFIDENTIAL USE ONLY AND IS SUBJECT TO RETURN UPON REQUEST AND SHALL NOT BE REPRODUCED, COPIED, LENT OR OTHERWISE DISCLOSED DIRECTLY OR INDIRECTLY, NOW USED FOR ANY PURPOSE OTHER THAN THAT WHICH IT IS SPECIFICALLY TURNED OVER.

REFERENCE DRAWINGS		REVISIONS		ENGINEERING RECORD	
NO.	TITLE	NO.	DATE	BY	DATE
A	04/01/12	1	04/01/12	CHB	04/01/12
B	12/13/17	2	12/13/17	CHB	08/01/18
COG OPERATING LLC SITE SECURITY PLANS LOCATED AT:		ONE CONCHO CENTER 600 WEST ILLINOIS AVENUE MIDLAND, TEXAS 79701		FACI ENR: C. BLEDSOE	
				OPEN ENR: VARIES	
				SCALE: NONE	

CONCHO
 NORTHERN DELAWARE BASIN ASSET
 PRODUCTION FACILITIES
 SITE FACILITY DIAGRAM
 BROADCASTER 29 FEDERAL 3H BATTERY
 LEA COUNTY, NEW MEXICO
 TWSHP/RANGE: MULTIPLE DWD NO. D-1700-81-005 REV B