	UNITED STATES DEPARTMENT OF THE INTERIOR DUBEALLOS LAND MANAGEMENT OCD Hobbs		OMB	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			5. Lease Serial No. NMNM120907	5. Lease Serial No.	
			6. If Indian, Allottee	or Tribe Name	
SUBMIT IN	TRIPLICATE - Other instr	ructions on page	7. If Unit or CA/Agr	eement, Name and/or No.	
SUBMIT IN TRIPLICATE - Other instructions on possible   1. Type of Well Gas Well Other   2. Name of Operator Contact: AMANDA AVERY   COG PRODUCTION LLC E-Mail: aavery@concho.com   3a. Address 3b. Phone No. (incluse area code)			8. Well Name and No EIDER FEDERA	8. Well Name and No. EIDER FEDERAL 101H	
Name of Operator   Contact:   AMANDA AVERY     COG PRODUCTION LLC   E-Mail:   aavery@concho.com		9. API Well No. 30-025-44629-	9. API Well No. 30-025-44629-00-X1		
a. Address 3b. Phone No. (incluise area code) 2208 W MAIN STREET Ph: 575-748-6940 ARTESIA, NM 88210			10. Field and Pool or WC025G06S2	10. Field and Pool or Exploratory Area WC025G06S223421L-BONE SPRING	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish	11. County or Parish, State	
Sec 35 T24S R32E SWSW 240FSL 1020FWL 32.167011 N Lat, 103.647423 W Lon			LEA COUNTY	LEA COUNTY, NM	
12. CHECK THE A	PPROPRIATE BOX(ES)	TO INDICATE NATURE O	F NOTICE, REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent		Deepen	Production (Start/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 Disposal		
testing has been completed. Final A	Abandonment Notices must be file	d only after all requirements, include	mpletion in a new interval, a Form 31 ing reclamation, have been completed	and the operator has	
determined that the site is ready for Required information for disp 1) Name of formation produce 2) Amount of water producing 3) How water is stored on lea 4) How water is moved to dis 5) Disposal Facility #1 a) Facility Operator Name: b) Name of facility or well name c) Type of facility or well: WI d) Location by 1/4,1/4, Sec.	oosal water: ing water on lease: Bone S g in barrels per day: 500 by ase: 2-500 BBL Fiberglass sposal: Piped to nearest SV COG Operating LLC me & number: Gold Coast 2 DW	vpd tank VD System. 26 Federal SWD #1 (SWD-13	391)		
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