

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM123530

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

8. Well Name and No.

BASEBALL CAP FEDERAL COM 601H

2. Name of Operator

COG OPERATING LLC

Contact: AMANDA AVERY

E-Mail: aaavery@concho.com

9. API Well No.

30-025-45783-00-X1

3a. Address

ONE CONCHO CENTER 600 W ILLINOIS AVENUE
MIDLAND, TX 79701-4287

3b. Phone No. (include area code)

Ph: 575-748-6940

10. Field and Pool or Exploratory Area

WILDCAT BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 25 T24S R34E SESE 430FSL 1080FEL
32.182232 N Lat, 103.418678 W Lon

11. County or Parish, State

LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" 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.

Required information for disposal water:

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water producing in barrels per day: 5000 bwpd
- 3) How water is stored on lease: 2-750 BBL Fiberglass tank
- 4) How water is moved to disposal: Piped/Trucked to nearest SWD System.

5) Disposal Facility #1

a) Facility Operator Name: Owl SWD Operating, LLC

Water leaves COG well pad and is piped to an Owl SWD via trunk line.

Disposal Facility #2

Accepted - NMOCD

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #509120 verified by the BLM Well Information System

For COG OPERATING LLC, sent to the Hobbs

Committed to AFMSS for processing by PRISCILLA PEREZ on 03/31/2020 (20PP1892SE)

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 03/31/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

ACCEPTED

DEBORAH MCKINNEY
Title LEGAL INSTRUMENTS EXAMINER

Date 04/03/2020

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 Hobbs

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 **

Additional data for EC transaction #509120 that would not fit on the form

32. Additional remarks, continued

- a) Facility Operator Name: Delaware Energy LLC
- b) Name of facility or well name & number: Moomaw SWD #1 (SWD-1730)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: N, Sec 25-T24S-R34E

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.

Revisions to Operator-Submitted EC Data for Sundry Notice #509120

	Operator Submitted	BLM Revised (AFMSS)
Sundry Type:	DISPOSE NOI	DISPOSE NOI
Lease:	NMNM123530	NMNM123530
Agreement:		
Operator:	COG OPERATING LLC 2208 W MAIN STREET ARTESIA, NM 88210 Ph: 575-748-6940	COG OPERATING LLC ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287 Ph: 432.685.4342
Admin Contact:	AMANDA AVERY REGULATORY ANALYST E-Mail: aavery@concho.com Ph: 575-748-6940	AMANDA AVERY AUTHORIZED REPRESENTATIVE E-Mail: aavery@concho.com Ph: 575-748-6940
Tech Contact:	AMANDA AVERY REGULATORY ANALYST E-Mail: aavery@concho.com Ph: 575-748-6940	AMANDA AVERY AUTHORIZED REPRESENTATIVE E-Mail: aavery@concho.com Ph: 575-748-6940
Location:		
State:	NM	NM
County:	LEA	LEA
Field/Pool:	RED HILLS; BONE SPRING	WILDCAT BONE SPRING
Well/Facility:	BASEBALL CAP FEDERAL COM 601H Sec 25 T24S R34E Mer NMP SESE 430FSL 1080FEL 32.182232 N Lat, 103.418678 W Lon	BASEBALL CAP FEDERAL COM 601H Sec 25 T24S R34E SESE 430FSL 1080FEL 32.182232 N Lat, 103.418678 W Lon