|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                 | Rec'd 7/                             | 30/2020 - NN                                | <b>NOCD</b>                                                     |                                      |          |                               |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------------------|--------------------------------------|---------------------------------------------|-----------------------------------------------------------------|--------------------------------------|----------|-------------------------------|--|
| Form 3160-5<br>(June 2015)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | DE                                                          |                                                                 |                                      |                                             | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires: January 31, 2018 |                                      |          |                               |  |
| BUREAU OF LAND MANAGEMENT<br>SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                 |                                      |                                             | 5. Lease Serial No.<br>NMNM108973                               |                                      |          |                               |  |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                 |                                      |                                             |                                                                 | 6. If Indian, Allottee or Tribe Name |          |                               |  |
| SUBMIT IN TRIPLICATE - Other instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                             |                                                                 |                                      |                                             | 7. If Unit or CA/Agreement, Name and/or No.                     |                                      |          |                               |  |
| 1. Type of Well<br>☑ Oil Well □ Gas Well □ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |                                                                 |                                      |                                             | 8. Well Name and No.<br>HARRIER FEDERAL COM 302H                |                                      |          |                               |  |
| 2. Name of Operator       Contact:       AMANDA AVERY         COG OPERATING LLC       E-Mail: aavery@concho.com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                 |                                      |                                             | 9. API Well No.<br>30-025-45833-00-X1                           |                                      |          |                               |  |
| 3a. Address<br>ONE CONCHO<br>MIDLAND, TX                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | . (include area code)<br>8-6940                             |                                                                 |                                      |                                             | atory Area                                                      |                                      |          |                               |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |                                                                 |                                      |                                             |                                                                 | 11. County or Parish, State          |          |                               |  |
| Sec 2 T26S R32E SESW 375FSL 1790FWL<br>32.066040 N Lat, 103.648468 W Lon                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                             |                                                                 |                                      |                                             |                                                                 | LEA COUNTY, NM                       |          |                               |  |
| 12. C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HECK THE AF                                                 | PROPRIATE BOX(ES)                                               | TO INDICA                            | TE NATURE OI                                | F NOTICE,                                                       | REPORT, OR OTI                       | HER I    | DATA                          |  |
| TYPE OF SUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | BMISSION                                                    | TYPE OF ACTION                                                  |                                      |                                             |                                                                 |                                      |          |                               |  |
| □ Notice of Inte                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ent                                                         |                                                                 | Dee                                  | -                                           |                                                                 | ion (Start/Resume)                   |          | Water Shut-Off                |  |
| 🛛 Subsequent R                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Alter Ca                                                    |                                                                 | -                                    |                                             | □ Reclam                                                        | _ 0                                  |          |                               |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                 |                                      | Construction g and Abandon                  | <ul> <li>Recomplete</li> <li>Temporarily Abandon</li> </ul>     |                                      | Hy       | ☑ Other<br>Hydraulic Fracture |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                 |                                      |                                             | □ Water I                                                       | -                                    |          |                               |  |
| <ul> <li>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 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 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.</li> <li>1/25/20 Test annulus to 1500# Set Composite Bridge plug @ 20,096' and test csg to 8,504#.</li> <li>4/23/20 to 5/5/20 Perf 10,370 -20,071 (1044). Acdz w/74,991 gal 7 1/2%; frac w/ 19,600,100# sand &amp;</li> </ul> |                                                             |                                                                 |                                      |                                             |                                                                 |                                      |          |                               |  |
| 21,668,152 ga<br>5/14/20 to 5/16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | l fluid.<br>5/20 Drilled out                                | CFP's. Clean down to P                                          | BTD @ 20,08                          | 60'.                                        |                                                                 |                                      |          |                               |  |
| 6/17/20 Begar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7/8" 6.5# L-80 th<br>n flowing back &<br>of first productio | og @ 9,440' packer @ 9,<br>k testing<br>n                       | ,430'.                               |                                             |                                                                 |                                      |          |                               |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                             |                                                                 |                                      |                                             | Entere                                                          | ed 8/3/2020 - P                      | MN       | MOCD                          |  |
| 14. I hereby certify t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Con                                                         | # Electronic Submission<br>For COG<br>mitted to AFMSS for proc  | OPERATING I                          | LC, sent to the H<br>SCILLA PEREZ or        | lobbs<br>n 07/24/2020                                           | (20PP3119SE)                         |          |                               |  |
| Name(Printed/Ty)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ped) AMANDA                                                 | AVERT                                                           |                                      | THE REGUL                                   | ATORY AN                                                        | ALISI                                |          |                               |  |
| Signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (Electronic S                                               | Submission)                                                     |                                      | Date 07/24/20                               | )20                                                             |                                      |          |                               |  |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |                                                                 |                                      |                                             |                                                                 |                                      |          |                               |  |
| _Approved By_A(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CEPT                                                        | ED                                                              |                                      | JONATHO<br><sub>Title</sub> PETROEL         | N SHEPAR<br>UM ENGIN                                            |                                      |          | Date 07/29/2020               |  |
| Conditions of approval<br>certify that the applicar<br>which would entitle the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Office Hobbs                                                |                                                                 |                                      |                                             |                                                                 |                                      |          |                               |  |
| Title 18 U.S.C. Section<br>States any false, fictit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1001 and Title 43 tious or fraudulent                       | U.S.C. Section 1212, make it a statements or representations as | crime for any person of any matter w | erson knowingly and ithin its jurisdiction. | willfully to m                                                  | ake to any department or             | : agency | y of the United               |  |
| (Instructions on page 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                             |                                                                 | ים M ום ** ח                         |                                             |                                                                 |                                      | 'D **    |                               |  |

\*\* BLM REVISED \*\*

## Revisions to Operator-Submitted EC Data for Sundry Notice #522918

|                                | Operator Submitted                                                                                           | BLM Revised (AFMSS)                                                                                        |
|--------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Sundry Type:                   | HF<br>SR                                                                                                     | HF<br>SR                                                                                                   |
| Lease:                         | NMNM108973                                                                                                   | NMNM108973                                                                                                 |
| Agreement:                     |                                                                                                              |                                                                                                            |
| Operator:                      | COG OPERATING LLC<br>2208 W MAIN STREET<br>ARTESIA, NM 88210<br>Ph: 575-748-6940                             | COG OPERATING LLC<br>ONE CONCHO CENTER 600 W ILLINOIS AVENUE<br>MIDLAND, TX 79701-4287<br>Ph: 432.685.4342 |
| Admin Contact:                 | AMANDA AVERY<br>REGULATORY ANALYST<br>E-Mail: aavery@concho.com                                              | AMANDA AVERY<br>REGULATORY ANALYST<br>E-Mail: aavery@concho.com                                            |
|                                | Ph: 575-748-6940                                                                                             | Ph: 575-748-6940                                                                                           |
| Tech Contact:                  | AMANDA AVERY<br>REGULATORY ANALYST<br>E-Mail: aavery@concho.com                                              | AMANDA AVERY<br>REGULATORY ANALYST<br>E-Mail: aavery@concho.com                                            |
|                                | Ph: 575-748-6940                                                                                             | Ph: 575-748-6940                                                                                           |
| Location:<br>State:<br>County: | NM<br>LEA                                                                                                    | NM<br>LEA                                                                                                  |
| Field/Pool:                    | WC-025 G-08 S253235G; BS                                                                                     | JENNINGS                                                                                                   |
| Well/Facility:                 | HARRIER FEDERAL COM 302H<br>Sec 2 T26S R32E Mer NMP SESW 375FSL 1790FWL<br>32.066040 N Lat, 103.648467 W Lon | HARRIER FEDERAL COM 302H<br>Sec 2 T26S R32E SESW 375FSL 1790FWL<br>32.066040 N Lat, 103.648468 W Lon       |