5. 0 ¹									
Form 3160- 5 (August, 2007)	SU Do r	FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010 5. Lease Serial No. NMNM104076 6. If Indian, Allottee, or Tribe Name							
1. Type of Well	SUBMIT IN	doned well. Use Form 310 TRIPLICATE - Other Ir		oosals.	 If Unit or CA. Agreement Name and/or No. 8. Well Name and No. 				
2. Name of Operator COG Operating , 3a. Address	, Gas Welly	Warhawk 3 Federal Com #1H 9. API Well No.							
2208 W. Mai Artesia, NM	88210	M., or Survey Description)	3b. Phone No. (inch 575-7 Lat.	748-6940	30-025-40635 10. Field and Pool, or Exploratory Area Hay Hollow/Bone Spring				
Sec 3	T19S R32E 780	FNL & 170' FWL	Long.		11. County or Parish, State Lea NM				
12. CHECK APPR TYPE OF SUB		(S) TO INDICATE NATE		ORT; OR OTHER E	DATA				
X Notice of Intent Subsequent Report Final Abandonment Notice		Acidize	Deepen Fracture Treat	Production (S	Start/ Resume) Water Shut-off Well Integrity				
		Casing Repair	New Construction Plug and abaridon Plug back	Recomplete Temporarily A					
13 Describe Proposed	d or Completed	Deperation (clearly state all ner	·	ated starting date of	any proposed work and approximate duration thereof.				

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 or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No₃ on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completed. Final Abandonment Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Operating LLC requests permission to change the facility layout that was approved in the APD. An access road thru the South side of the location (providing access to active non COG operated well) prevents placing the tanks on the South side. We propose to place the tanks on the North side of location with separation equipment on the East side. We propose to reclaim 80' along the West side. Please see attached diagram.

14. 1 hereby certify that the foregoing is true and correct. Name (Printed/ Typed)							
Amy Avery		Title: Regulatory Technician					
Signature: Amy Avery	Date: 8/	14/13					
THIS SPACE FO	R FEDERAL OR	STATE OFFICE USE	•,		· · · · · · · · · · · · · · · · · · ·		
Approved by: /s/George MacDonell	Title:			Date:	ALIG 27	2013	
Conditions of approval, if any are attached. Approval of this notice does r certify that the applicant holds legal or equitable title to those rights in the which would entitle the applicant to conduct operation	subject lease Office:	CARLSBAD FIELD	OFFICE				
Title 18 U.S.C. Section 100 AND THE 43 U.S.C. Section 12/2 fname States any false, fictitiousor, faudulent statements or representations as to any patter		son knowingly and willful	ly to make a	any departi	ment or agency	y of the	United
(Instructions on page 2)		· · · · · · · · · · · · · · · · · · ·	SEP 0	4 20) 13		~



Exhibit 3 **Production Facility Layout** Warhawk 3 Federal Com #1H

