

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs
HOBBS OCD

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

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.

DEC 02 2013

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
COG Operating LLC

3a. Address
2208 W. Main Street
Artesia, NM 88210

3b. Phone No. (include area code)
575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
330' FSL & 2260' FEL, Unit O (SWSE) Sec20-T23S-R33E

Lat.
Long.

5. Lease Serial No.
NMNM002386A
6. If Indian, Allottee, or Tribe Name
7. If Unit or CA. Agreement Name and/or No.
Brinninstool Unit; NMNM070796X
8. Well Name and No.
Brinninstool Unit #3H
9. API Well No.
30-025-41371
10. Field and Pool, or Exploratory Area
Cruz; Bone Spring
11. County or Parish, State
Lea County NM

12. CHECK APPROPRIATE BOX(S) 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"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<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	Flex Hose Variance
	<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 or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall 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 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamanatn, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Operating LLC respectfully requests permission to add a Flex Hose Variance report to the original APD for the above referenced well.

Flex Hose Variance report attached.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Name (Printed/ Typed)

Mayte Reyes

Title: Regulatory Analyst

Signature: *Mayte Reyes*

Date: 9/30/13

APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

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.

Title:

Office:

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD 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 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)

DEC 02 2013

Flex Hose Variance Request

Flex Hose Variance Statement

LOG (operator) requests a variance if Basic 46 (rig name) is used to drill this well to use a co-flex line between the BOP and choke manifold.

Manufacturer: N. R. P. Jones

Serial Number: MA31113 RePAIR

Length: 23 Size: 3 1/2 Ends - flanges/clamps

WP rating: 5000 psi Anchors required by manufacturer - Yes/No



Certificate of Conformance

DATE ~~8/13~~ 3/11/13

SERIAL NO. MA31113REPAIR PART NO. _____

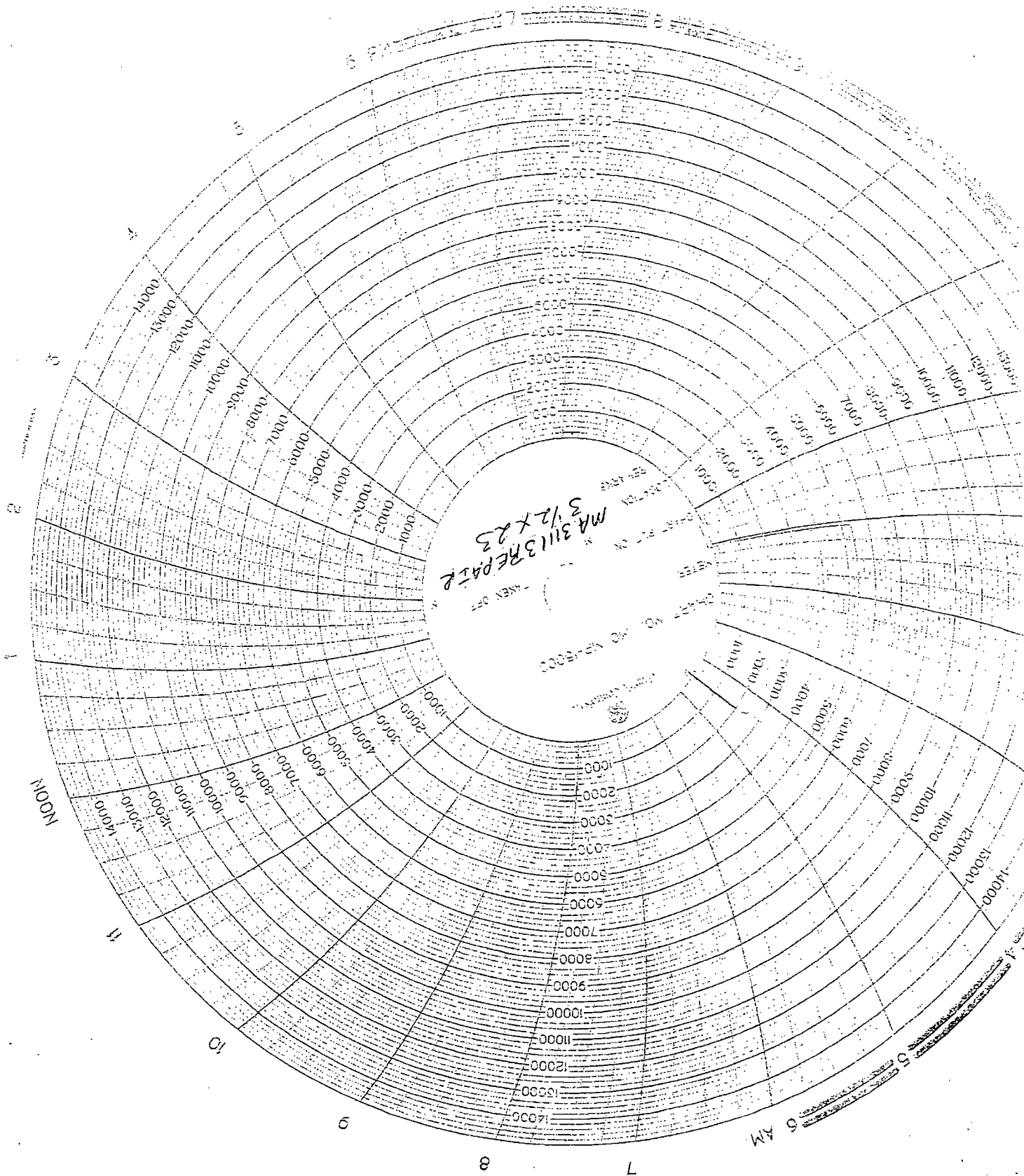
SIZE 3 1/2 LENGTH 23

HYDROSTATICALLY TESTED AT 5000

BY Chance Perkins Q.A. Allen Casey

NEPHI RUBBER PRODUCTS CORP.

Corporate Office: P.O. Box 310 • LaPorte, Indiana 46352 • (800)348-8868 • (219)362-9908 • Fax Number (219)324-0815
Manufacturing: 255 West 11th North • Nephi, Utah 84648 • (800)453-1480 • (435)623-1740 • Fax Number (435)623-2638



DEC 02 2013

**PECOS DISTRICT
CONDITIONS OF APPROVAL**

RECEIVED

OPERATOR'S NAME:	COG Operating, LLC
LEASE NO.:	NMNM-2386A
WELL NAME & NO.:	Brinninstool Unit 3H
SURFACE HOLE FOOTAGE:	0330' FSL & 2260' FEL
BOTTOM HOLE FOOTAGE:	0330' FNL & 2260' FEL
LOCATION:	Section 20, T. 23 S., R 33 E., NMPM
COUNTY:	Lea County, New Mexico
API:	30-025-41371

The original COAs still stand with the following drilling addition:

I. DRILLING

1. Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).

JAM 102713