Do n	UNITED S DEPARTMENT OF BUREAU OF LAND NDRY NOTICES AND of use this form for propos	THE INTERIOR MANAGEMENT REPORTS ON WEI sals to drill or to re-ento	er an	A S Lease Serial I 6. If Indian, Alk	FORM APPROV OMB No. 1004 ( Expires: July 31, 2 No. NMLC0637 ottee, or Tribe Name	98	
abandoned well. Use Form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA. Agreement Name and/or No.		
1. Type of Well       Image: Type of Well     Image: Type of Well       Image: Type of Well     Image: Type of Well       Image: Type of Well     Image: Type of Well				8. Well Name and No.			
2. Name of Operator COG Operating LLC			Roy Batty Federal Com #2H				
3a. Address 2208 W. Main Street	_/	3b. Phone No. (includ 575-7-	30-025-41332				
Artesia, NM 88210213-140-05444. Location of Well (Footage, Sec., T., R., M., or Survey Description)Lat.SHL: 190' FSL & 1887' FWL, Unit N (SESW) Sec 11-T24S-R33ELong.BHL: 348' FNL & 1883' FWL, Unit C (NENW) Sec 11-T24S-R33ELong.				<ol> <li>Field and Pool, or Exploratory Area</li> <li>Red Hills; Bone Spring, North</li> <li>County or Parish, State</li> <li>Lea</li> </ol>			
12. CHECK APPROPRIATE BOX			RT, OR OTHER DA		· · · · · · · · · · · · · · · · · · ·	//	
TYPE OF SUBMISSION	· · · · · · · · · · · · · · · · · · ·	·	PE OF ACTION		$ \longrightarrow $		
Notice of Intent	Acidize	Deepen	Production ( Sta	rt/ Resume)	Water Shu	t-off	
	Altering Casing	Fracture Treat	Reclamation		Well Integ	rity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other		
	Change Plans	Plug and abandon	Temporarily Ab	andon			
Final Abandonment Notice	Convert to Injection	Plug back	X Water Disposal				
13. Describe Proposed or Completed O If the proposal is to deepen direc Attach the Bond under which the w following completion of the involved testing has been completed. Final determined that the site is ready for final	tionally or recomplete horizontal work will performed or provide l operations. If the operation re Abandonment Notice shall be	lly, give subsurface location the Bond No. on file with csults in a multiple complet	is and measured and the BLM/ BIA. Requ ion or recompletion in	true vertical de nired subsequent a new interval	pths or pertinent reports shall be , a Form 3160-4	markers and sands. filed within 30 days shall be filed once	

## **Required Information for the Disposal of Produced Water:**

1) Name of formation producing water on lease: Bone Spring

- 2) Amount of water produced in barrels per day: 600 BWPD
- 3) How water is stored on lease: 2 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Trucked

5) Disposal Facility:

- a) Facility Operator Name: COG Operating LLC
- b) Name of facility or well name & number: Eata Fajita 8 State SWD #1 (SWD-1361)
- c) Type of facility of well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SENW, 8-T24S-R33E

14. I hereby certify that the foregoing is true and correct.							
Name (Printed/Typed)							
Stormi Davis	itle: Regulatory Analyst						
Signature: Anno Varias D	<sup>ate:</sup> 3/10/14						
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved by:	Title:	Date:	**				
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 Office: which would entitle the applicant to conduct operations thereon.							
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, fictitiousor fraudulent statements or representations as to any matter within its jurisdiction.							
(Instructions on page 2)	20	/	/				

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