

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs HOBBS OCD

FORM APPROVED
OMB No. 1004-0137
Expires: October 31, 2014

APR 16 2014

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.

RECEIVED

SUBMIT IN TRIPLICATE - Other Instructions on page 2.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM120908
2. Name of Operator COG Production LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6940	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Fontage, Sec., T., R., M., or Survey Description) 190' FSL & 660' FWL Unit Letter M (SWSW) Sec 29-24S-32E 330' FNL & 660' FWL Unit Letter D (NWNW) Sec 29-24S-32E		8. Well Name and No. Azores Federal #4H
Lat. Long.		9. API Well No. 30-025-41535
		10. Field and Pool, or Exploratory Area WC-025 G06 S253206M; 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 Flex Hose Variance
	<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 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 reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

COG Production LLC respectfully requests approval to add a Flex Hose Variance report to the original approved APD.

Flex Hose Variance 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:

Date:

4/2/14

APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by:

Title:

Date:

APR 2 2014

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:

/s/ Chris Walls

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 false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

YMSB/OCD 4/16/2014

APR 16 2014

Flex Hose Variance Request

Flex Hose Variance Statement

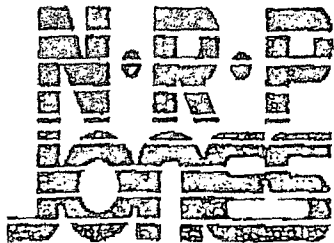
COG (operator) requests a variance if Basic 46 (rig name) is used to drill this well to use a co-flex line between the BOP and choke manifold.

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 ~~2/13~~ 3/11/13

SERIAL NO. MAB1113REPAIR PART NO. _____

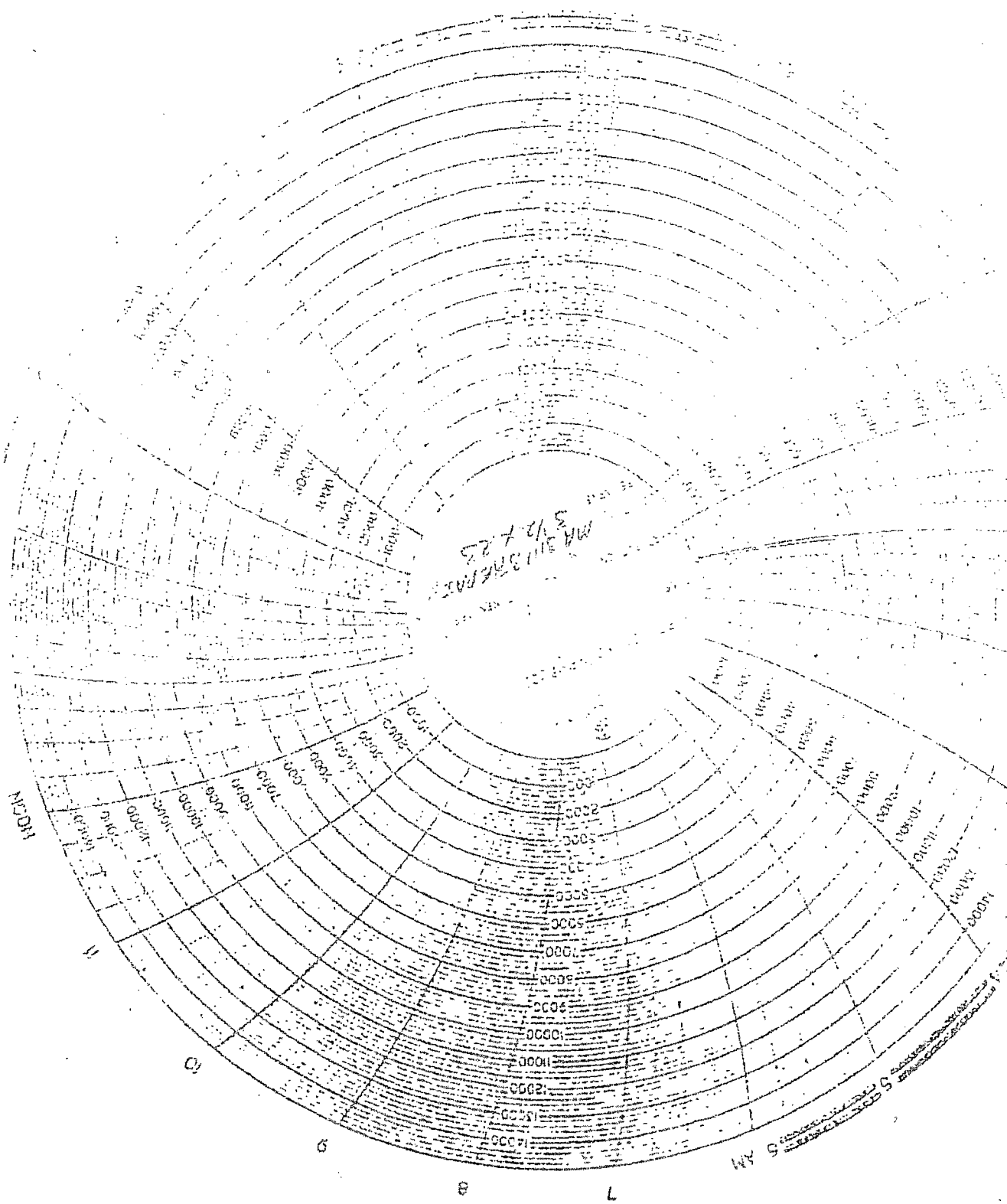
SIZE 3 1/2 LENGTH 23

HYDROSTATICALLY TESTED AT 5000

BY Chance Perkins QA. *Alt. 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





Product Specification 3 1/2" CHOKE AND KILL LINE

Catalog Item? Yes

Design Factor 2:1

Scope Hydraulic control line between BOP control system and Manifold Equipment.

Tube High grade abrasion resistant synthetic HNBR for H₂S service

Cover High grade Neoprene with high ozone, abrasion and heat resistance

Fluids Oil based drilling fluids, glycols and polyglycols, and hydraulic oil

Reinforcement Multiple plies of Nylon Cord, with 2 high tensile spiraled wound cables

Pressure 5000 PSI Working Pressure 10,000 PSI Burst Test Pressure

Thermal Barrier Layer of thermal insulation material rated from -250° F to +1500° F
1/16" Chemical Resistant, Non-Flammable Industrial grade braided yarn

Outer Armor Interlocking stainless steel armor heat resistant +1500° F

Fittings Hose fitting is an Integral Swage Coupling with 4 1/6" RX-39 Flanges
Coupling combines locking features of the insulation and armor.

Lengths Lengths vary by request.

Testing Hydrostatically tested at 2 times working pressure for 5 minutes.

Conformity Manufactured to meet or exceed API 16C Specifications.
A prototype of each control line manufactured is then fire tested per API 16C.
Each control line is hydrostatically tested per API 16C Specifications.
Each control line is issued a serial number which is etched on the completed assembly and documented with a Certificate of Proof Test.

ID	OD	WEIGHT FT/LBS	BEND RADIUS	W.P PSI	BURST PSI
3 1/2"	5.75"	18.6	54"	5,000 PSI	10,000PSI

Construction

Tube: Black, oil and abrasion resistant HNBR for H₂S service.

Reinforcement: Multiple plies of bias laid textile cord for extra strength and flexibility. Spirally wound, high tensile, multiple strand cables to provide unsurpassed ruggedness and reliability to withstand sudden high pressure.

Cover: Special flame resistant red Neoprene (CR) with optional stainless steel armor.

Fittings: Integral connection flanged or hubbed.

Temperature: -40 to 212°F (-40 to 100°C)

Branding: NRP Choke & Kill Hose. MADE IN USA.

Choke & Kill Specifications

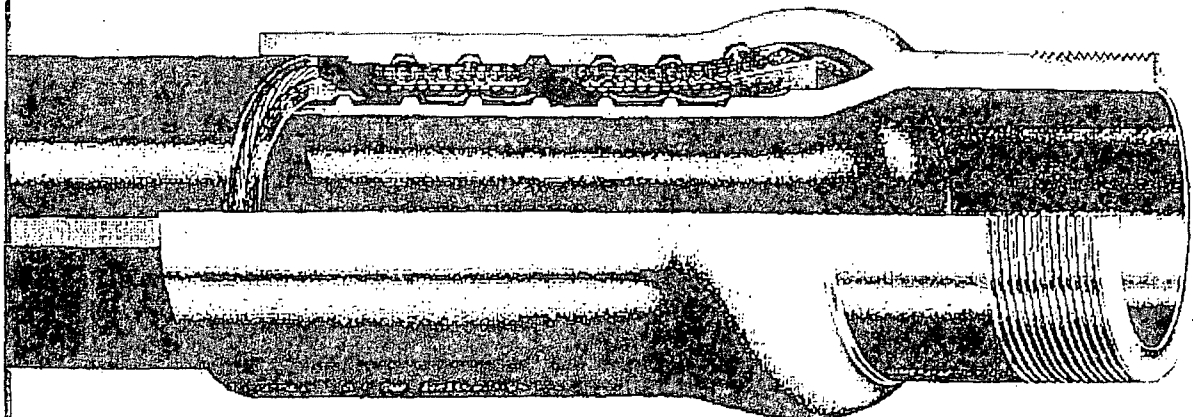
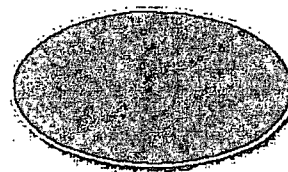
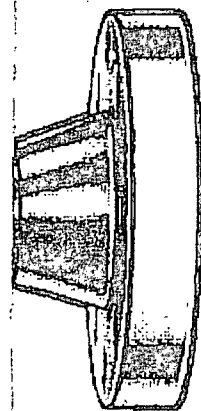
NRP Part Number	Hose ID (in)	Hose OD (in)	Rated WP (psi)	Test Pressure (psi)	Minimum Bend Radius	Weight per Foot (lbs)
5035-32	2.00	4.45	5,000	10,000	44	12.9
5035-40	2.50	4.60	5,000	10,000	48	13.9
5035-48	3.00	5.10	5,000	10,000	52	16.1
5040-32	2.00	4.68	10,000	15,000	48	22.4
5040-40	2.50	5.34	10,000	15,000	52	27.4
5040-48	3.00	5.84	10,000	15,000	56	28.8

Super Choke & Kill Specifications

5085-40	2.50	5.84	15,000	22,500	60	28.2
5085-48	3.00	6.34	15,000	22,500	60	34.1

Specifications

NRP Rotary Number	NRP Vibrator Number	Hose ID (in)	Hose OD (in)	Grade	Rated WP (psi)	Test Pressure (psi)	Minimum Bend Radius	Weight per Foot (lbs)	Weight of 2 Cplgs (lbs)	Cplg Thread API (in)
5501-40	5502-40	2.50	4.45	C	4,000	8,000	36	12.9	54	3
5501-48	5502-48	3.00	4.95	C	4,000	8,000	48	14.9	74	4
5501-56	5502-56	3.50	5.45	C	4,000	8,000	54	16.6	94	4
5603-40	5604-40	2.50	4.60	D	5,000	10,000	36	13.6	54	3
5603-48	5604-48	3.00	5.10	D	5,000	10,000	48	15.5	74	4
5603-56	5604-56	3.50	5.75	D	5,000	10,000	54	18.6	94	4
5603-64	5604-64	4.00	6.25	D	5,000	10,000	54	19.8	105	5



Co-Flex line
Conditions of Approval

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.** 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).