

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0135
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.*5. Lease Serial No.
NMNM120908

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

HOBBS OCD

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

COG PRODUCTION LLC

Contact: MAYTE X REYES

E-Mail: mreyes1@concho.com

3a. Address

2208 W MAIN STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)

Ph: 575-748-6945

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 30 T24S R32E Lot 1 0190FNL 0330FWL
32.194957 N Lat, 103.721425 W Lon8. Well Name and No.
KING TUT FEDERAL 1H9. API Well No.
30-025-41542-00-X110. Field and Pool, or Exploratory
COTTON DRAW

11. County or Parish, and State

LEA COUNTY, NM

12. CHECK APPROPRIATE BOX(ES) 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"/> Alter 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	Onshore Order 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 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 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 Notices 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.

Electronic Submission #245091 verified by the BLM Well Information System

For COG PRODUCTION LLC, sent to the Hobbs

Committed to AFMSS for processing by CHRISTOPHER WALLS on 05/09/2014 (14CRW0177SE)

Name (Printed/Typed) MAYTE X REYES

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 05/09/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By CHRISTOPHER WALLS

Title PETROLEUM ENGINEER

Date 05/09/2014

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 Hobbs

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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

MAB/OCD 5/19/2014

MAY 19 2014

Choke & Kill, BOP

Choke & Kill, BOP

Rotary hose

Hydraulic hose

Hammer Unions

Industrial hose

Fire hose

Metal hose,
Expansion Joints

Ducting hose

Automotive hose

Crimp Fittings
& Machines

Frac Fittings,
Notched KCs

Ham & Groove,
Universal,
Shank Fittings

Valves

Black Pipe

Quick Couplings

Gauges

Belts, Sheaves,
& Bushings

Steel Adapters

Brass Adapters

MW Choke & Kill

Designed as a flexible connection to the choke manifold.

Tube: petroleum resistant for oil based drilling fluids

Cover: ozone, petroleum, and abrasion resistant

Reinforcement: high tensile steel wire spiral layers

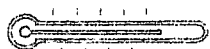
Thermal Blanket: 1500°

continuous ratings,

non-flammable, non-conductive

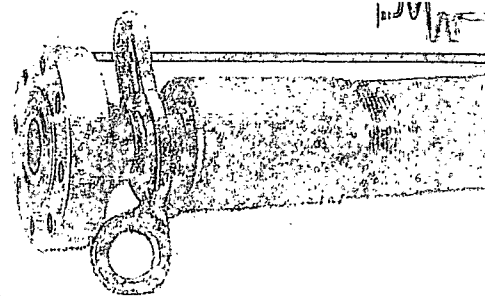
Armor Wall: .144"

Max Length: 150 feet



-20° F / +212° F

-29° C / +100° C



ST HOSE CHOKE AND KILL HOSE FIRE RESISTANT
ISO 14693 H2S SOUR GAS

Item	ID inch	OD inch	WP psi	Test psi	Weight lb/ft
CK-48 Red	3	4.94	5,000	10,000	1.1
CK-56 Red	3½	5.44			1.1
CK-64 Red	4	6.31			1.1
CK-48 Armor	3	6.5			1.1
CK-56 Armor	3½	7			1.1
CK-64 Armor	4	8			1.1
CK-4810K Red	3	5.31	10,000	15,000	1.1
CK-5610K Red	3½	5.81			1.1
CK-6410K Red	4	4.75			1.1
CK-4810K Armor	3	6.5			1.1
CK-5610K Armor	3½	7			1.1
CK-6410K Armor	4	8			1.1

MW BOP Control Line

For blowout preventer lines.

Tube: for hydraulic BOP actuation

Thermal Blanket: 1500°

continuous rating,

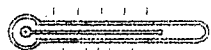
non-flammable, non-conductive

Armor Wall: .08"

Popular with a larger hex and

longer threads for easier

installation of hammer unions.



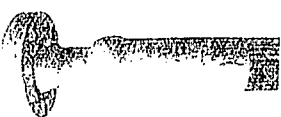
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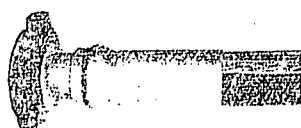
MW FIRE WALL 5000 PSI BLOWOUT PREVENTER CONTROL

Item	ID inch	OD inch	WP psi	Test psi	Weight lb/ft
BOP-16 Armor	1	2.06	5,000	10,000	1.1
BOP-32 Armor	2	3.75			1.1
BOP-16	1	1.77			1.1
BOP-32	2	3.09			1.1

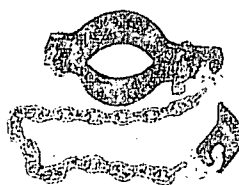
Carbon or stainless steel nipples are available and 1/2", 3/4", 1-1/4", and 1-1/2" sizes are available



Weld-on Flanges or
Hammer Unions



Integral 1002/1502
Hammer Union Fittings



Safety Clamps



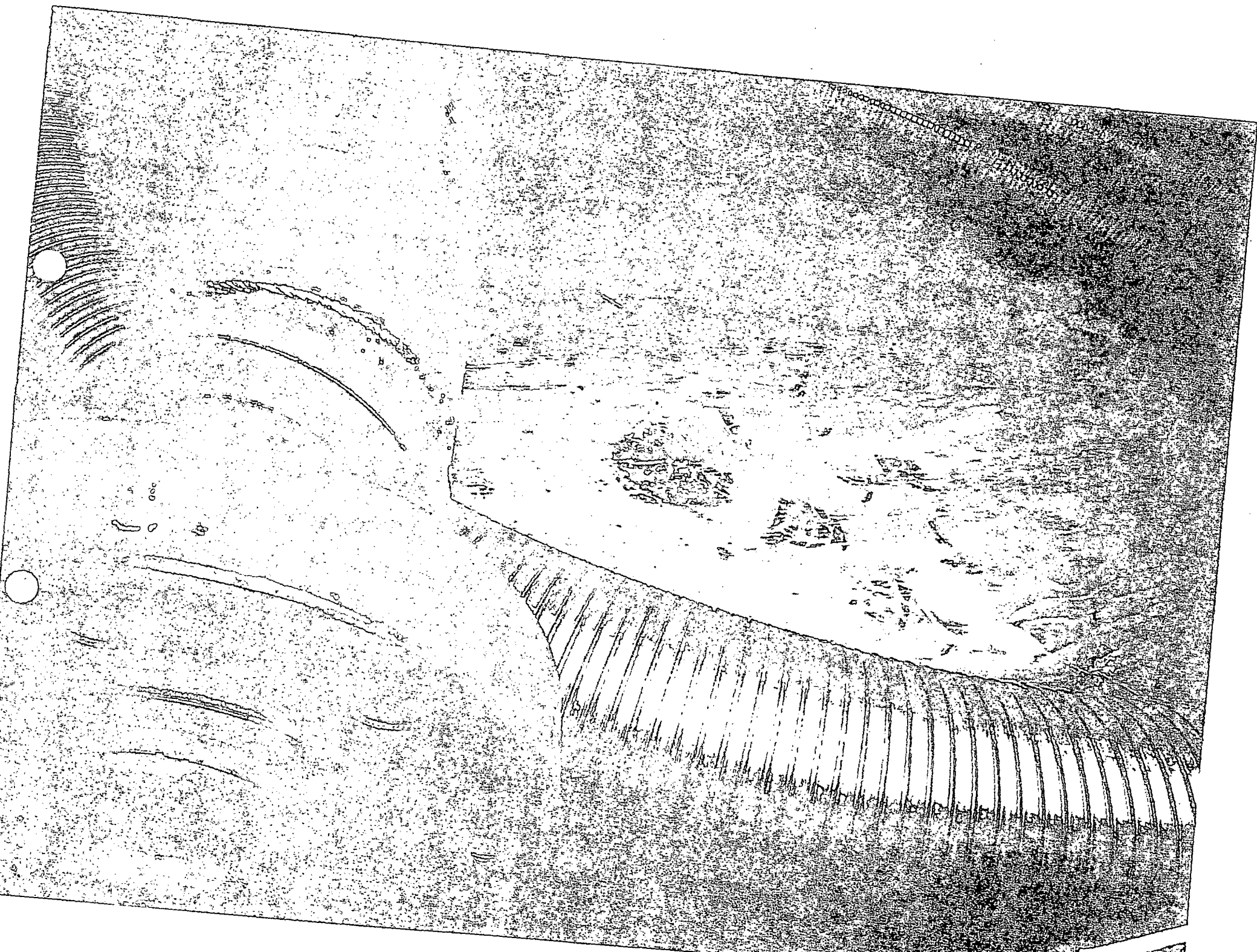
Fire Proof
Quick Connects



Ring Clamps

Date: _____ Tested: _____ Approved: _____		Date: _____ Tested: _____ Approved: _____
Date: 3/6/2014 Tested: TONY KELLINGTON Approved: RYAN ADAMS		Date: _____ Tested: _____ Approved: _____

237726



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).