

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.
NMNM088690 **LC064198A**

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.7. If Unit or CA/Agreement, Name and/or No.
Nm 70982E

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
LUSK DEEP UNIT A 28H2. Name of Operator
COG OPERATING LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com9. API Well No.
30-025-412913a. Address
2208 W MAIN ST
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-694010. Field and Pool, or Exploratory
LUSK; BONE SPRING

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

Sec 18 T19S R32E Mer NMP SWSW 430FSL 330FWL

HOBBS OCD

11. County or Parish, and State

LEA COUNTY, NM

JUN 13 2014**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	RECEIVED TYPE OF ACTION			
<input 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 checked="" 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	Site Facility Diagram/Security Plan
	<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.)

Please see attached Site Facility Diagram.

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
If BLM Objectives are not achieved,
additional work may be required.

Date: **6-9-14**Signature: *[Signature]*

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

Electronic Submission #248053 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by LINDA DENNISTON on 06/03/2014 ()

Name (Printed/Typed) **AMANDA AVERY**Title **AUTHORIZED REPRESENTATIVE**

Signature (Electronic Submission)

Date **06/03/2014****THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By

Title

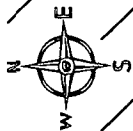
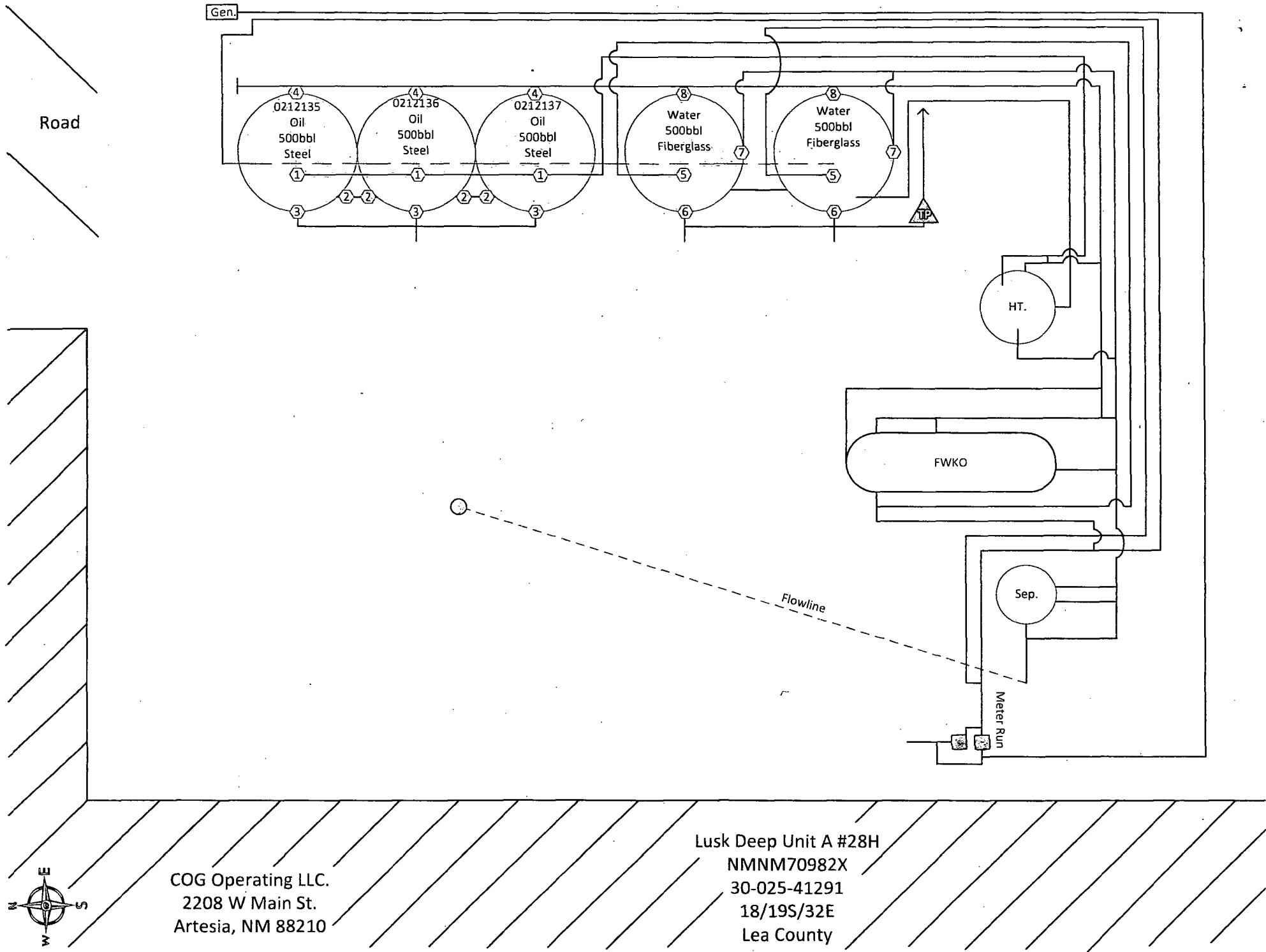
Date

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 which would entitle the applicant to conduct operations thereon.

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

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ******JUN 16 2014**



COG Operating LLC.
2208 W Main St.
Artesia, NM 88210

Lusk Deep Unit A #28H
NMNM70982X
30-025-41291
18/19S/32E
Lea County

Lusk Deep Unit A #28H
NMNM70982X
30-025-41291
18/19S/32E
Lea County

1. Production Phase (OT#1)

- A. Valves #1,#2,#4,#5,#7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #2, and #3 Positioned:
 - 1. Valves #1, #3, & #4 Closed and sealed

II. Sales Phase (OT#1)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #1 Open
- C. Valves on OT #2, and #3 Positioned:
 - 1. Valve #1, and #2, Open
 - 2. Valve #3 Closed and Sealed

Production Phase (OT #2)

- A. Valves #1, #2, #4, #5, #7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1, and #3 Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

Sales Phase (OT#2)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #2 Open
- C. Valves on OT #1, and #3 Positioned:
 - 1. Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed

Production Phase (OT #3)

- A. Valves #1,#2,#4,#5,#7, & #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1, and #2, Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

Sales Phase (OT#3)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #3 Open
- C. Valves on OT #1, and #2 Positioned:
 - 1 Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed