

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.*

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. NMNM122620 |
| 2. Name of Operator COG Operating 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 (Footage, Sec., T., R., M., or Survey Description) SHL: 330' FNL & 1980' FEL, Unit B Sec 31-T25S-R33E | | 8. Well Name and No. Airacuda Federal #2H |
| Lat. Long. | | 9. API Well No. 30-025-40407 |
| | | 10. Field and Pool, or Exploratory Area WC-025 G-06 S253329D Upper 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 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"/> Altering Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> Well Integrity |
| | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input checked="" type="checkbox"/> Other <u>Site Facility Diagram</u> |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and abandon | <input type="checkbox"/> Temporarily Abandon | |
| <input type="checkbox"/> Final Abandonment Notice | <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 recompleate 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 recompleation 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 reclamantion, 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.

Date: 9/16/14
[Signature]

| | |
|--------------------------------------------------------------|---------------------------------|
| 14. I hereby certify that the foregoing is true and correct. | |
| Name (Printed/ Typed) Amy Avery | Title: Regulatory Technician |
| Signature: <u>Amy Avery</u> | Date: 11/25/13 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

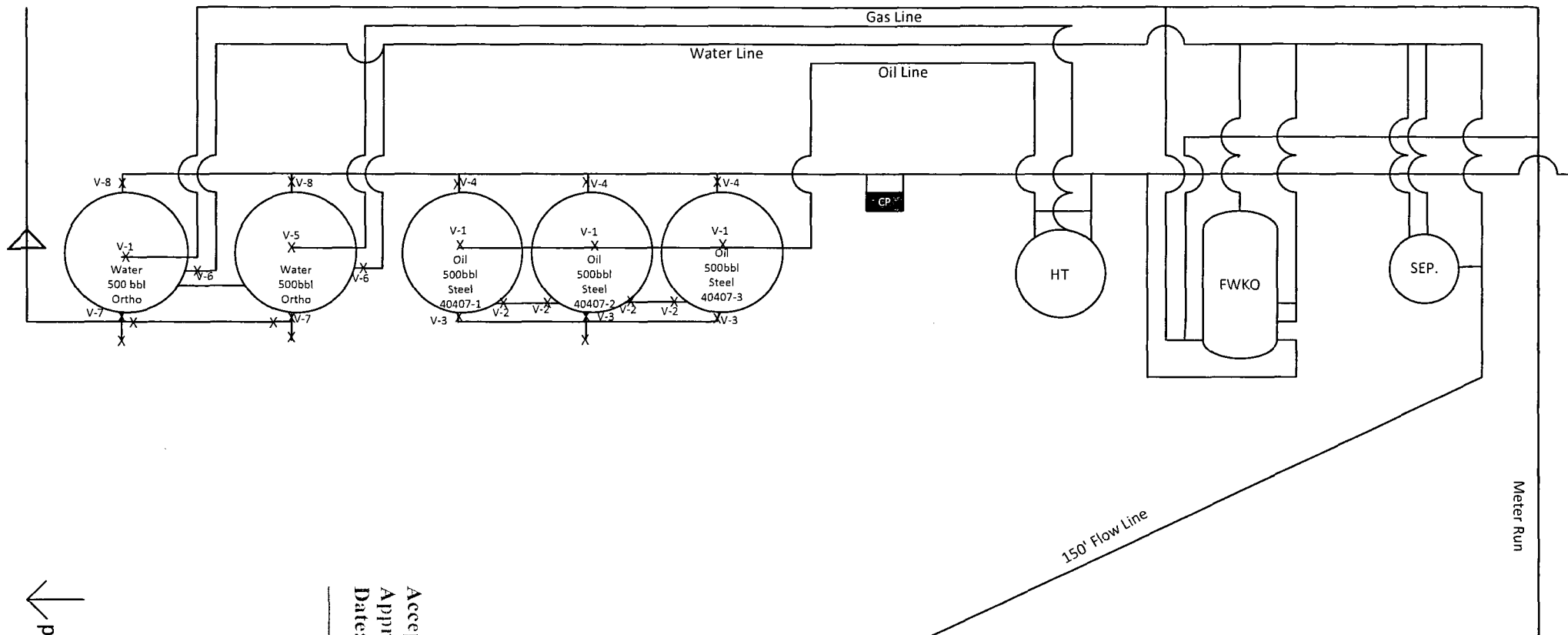
| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------|
| Approved by: | Title: | 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 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)

SEP 22 2014

[Signature]



Accepted for Record Purposes.
 Approval Subject to Onsite Inspection.
 Date: 9/16/19
[Signature]

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

Airacuda Federal #2H
 NMNM122620
 30-025-40407
 31/25S/33E
 Lea, Co.

Rd.

COG Operating LLC

Airacuda Federal #2H

NMNM122620

30-025-40407

Sec 31-T25S-R33E

Lea County, NM

1. Production Phase (OT#1)

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

Production Phase (OT #2)

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

Production Phase (OT #3)

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

Sales Phase (OT#3)

- A. Valves #1,#2and #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 and #4 Closed and Sealed