

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.*

HOBBS OCD

5. Lease Serial No.  
NMNM111962 22643

6. If Indian, Allottee or Tribe Name

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

Nm 131490

8. Well Name and No.  
PEASHOOTER 4 FEDERAL COM 2H9. API Well No.  
30-025-4121410. Field and Pool, or Exploratory  
LUSK; BONE SPRING, NORTH11. County or Parish, and State  
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

OCT 27 2014

RECEIVED

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator

COG OPERATING LLC

Contact: AMANDA AVERY

E-Mail: aavery@concho.com

3a. Address

2208 W MAIN ST  
ARTESIA, NM 88210

3b. Phone No. (include area code)

Ph: 575-748-6940

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

Sec 4 T19S R32E Mer NMP SESW 190FSL 1980FWL

## 12. CHECK APPROPRIATE BOX(ES) 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"/> 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 recompletion 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.  
Date: 9/18/14  
*[Signature]*

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

Electronic Submission #250992 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by LINDA DENNISTON on 08/13/2014 ()

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 06/26/2014

## 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.

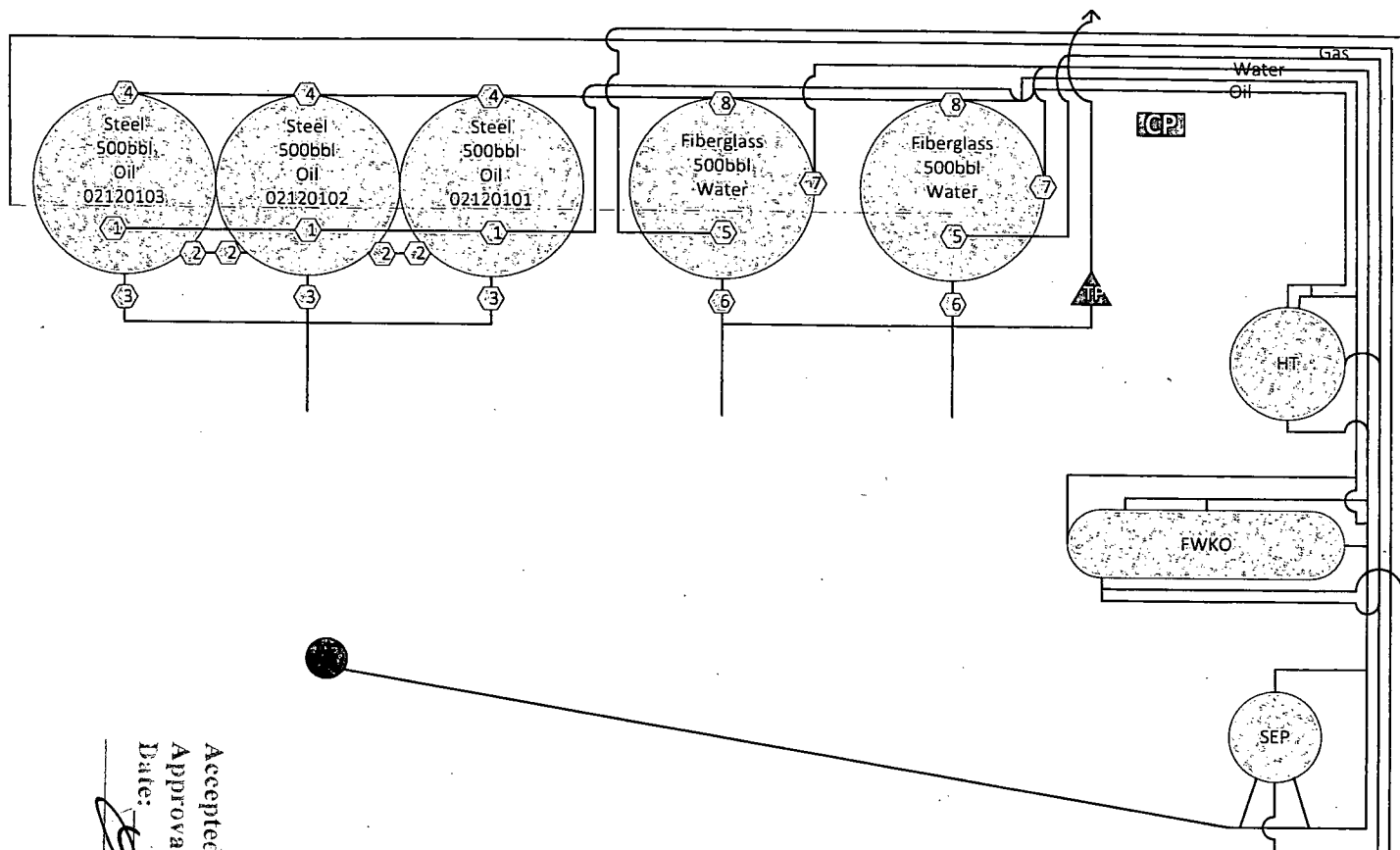
Office

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 \*\*

MAB/OCD 10/27/2014

OCT 27 2014

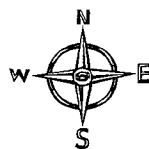


Accepted for Record Purposes.  
 Approval Subject to Onsite Inspection.  
 Date: 4/18/14  
*[Signature]*

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

Peashooter 4 Federal Com #2H  
 NMNM111962  
 30-025-41214  
 4/19S/32E

Road



Meter

Peashooter 4 Federal Com #2H

NMNM111962

30-025-41214

4/19S/32E

**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