UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED 0

5. Lease Serial No.

OMB	NO.	1004	-013
 Expire	es: Ju	ly 31,	201

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.					NMNM95641 6. If Indian, Allottee of	or Tribe Name		
	Ose form of to-o (Ar	<i>D)</i> 101 30	<u></u>					
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.			
Type of Well					8. Well Name and No.			
☑ Oil Well ☐ Gas Well ☐ Other					KING AIR 8 FEDERAL COM 4H			
Name of Operator Contact: MAYTE X REYES COG OPERATING LLC E-Mail: mreyes1@concho.com					9. API Well No. 30-025-42200-00-X1			
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	10. Field and Pool, or Exploratory LUSK							
4. Location of Well (Footage, Sec., 7	11. County or Parish, and State							
Sec 8 T19S R32E SWSW 58FSL 982FWL 32.668134 N Lat, 103.794383 W Lon					LEA COUNTY, NM			
12. CHECK APPI	ROPRIATE BOX(ES) TO) INDICA	ATE NATURE OF NO	OTICE, RE	PORT, OR OTHE	R DATA		
TYPE OF SUBMISSION	TYPE OF ACTION							
■ Notice of Intent	☐ Acidize		Deepen	☐ Producti	on (Start/Resume)	■ Water Shut-Off		
_	□ Alter Casing		Fracture Treat	■ Reclamation		■ Well Integrity		
☐ Subsequent Report	□ Casing Repair		New Construction	□ Recomplete		☑ Other		
☐ Final Abandonment Notice	☐ Change Plans		Plug and Abandon	□ Temporarily Abandon		Change to Original A PD		
_	☐ Convert to Injection		Plug Back	■ Water Disposal				
13. Describe Proposed or Completed Opton If the proposal is to deepen directional Attach the Bond under which the work following completion of the involved testing has been completed. Final Abdetermined that the site is ready for final and the site is re	ally or recomplete horizontally, it will be performed or provide operations. If the operation resonation resonant Notices shall be file	give subsur the Bond N sults in a mu	face locations and measure o. on file with BLM/BIA. Ultiple completion or recom	d and true ver Required sub- pletion in a no	tical depths of all pertin sequent reports shall be ew interval, a Form 316	ent markers and zones. filed within 30 days 0-4 shall be filed once		
COG Operating LLC, respectf approved APD.	ully requests approval for	the follow	ring changes to the or	iginal				
Operator will drill out the 9-5/8 Operator will drill 8-3/4? hole t Operator will add cement volu 50? above the Capitan Reef.	o TD. me to accommodate for th	ne larger l	nole volume and tie ba					
production c	emont Calai	lakd	to regar	five 1	10 exces	55.		
Original a	OAS SP115	Hand) 					
14. I hereby certify that the foregoing is	true and correct. Electronic Submission #2	86988 ver	ified by the BLM Well I	nformation	System			
Comm		PERATIN	IG LLC, sent to the Hol	bbs	•			
Name(Printed/Typed) MAYTE X	TORY ANA	•	•					
7. 7. 7. 1277 1 1 ton 7.			Title REGULA	Λ	DDDAVEN			
				A	LLUACA			

01/06/20 5 Signature THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Title BUREAU OF LAND MANAGEMENT CARLSEAD FIELD OFFICE 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.

(Electronic Submission)

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.

Office