

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs
HOBBSOCD

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.

MAR 16 2015

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM06413
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code). Ph: 575-748-6945	8. Well Name and No. PRICKLY PEAR 6 FEDERAL 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T20S R35E NENW 190FNL 2000FWL 32.608923 N Lat, 103.498169 W Lon		9. API Well No. 30-025-41629-00-X1
		10. Field and Pool, or Exploratory WC-025 G08 S2335270
		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	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

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 recomplate 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.)

COG Operating LLC, respectfully requests approval to add a Flex Hose Variance report to the original approved APD.

already drilled.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #262524 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 11/05/2014 (15LJ0236SE)	
Name (Printed/Typed) MAYTE X REYES	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 09/10/2014

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.

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

MAR 17 2015

Certificate of Compliance

Part No.

Date Issued

CUSTOMER

ISSUED BY

QAP 1-50
QSA 1-1-1
QSA 1-1-2
QSA

This is to certify that the material supplied by us with reference to the above mentioned standards and specifications has been tested and found to be in accordance with the standards and specifications mentioned during the inspection process. The equipment is QSA and API then the verification and acceptance process is followed to the customer's satisfaction. The particular piece of equipment is in compliance with the standards API standards.

Customer Job: *HYDRA*

QSA Delivery Ticket #: 7202

Item	Quantity	Serial	Description	Qty
1	1	100-123	QSA 1-1-1 1/2" 15000 PSI	
2	1	100-123	QSA 1-1-2 1/2" 15000 PSI	

[Signature]

1/29/14
Date

Signature
P. Division Manager



