UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED OMB NO. 1004-0135

5.	Lease Serial No.
	NMNM0315712

SUNDRY N	OTICES AND F	REPORTS ON \	NELLS	AAA
Do not use this	form for propos	als to drill or to	re-enter (a) BBS	OCD
abandanad wall	11 4 2100	2 (ADD) for our	h	

6. If Indian, Allottee or Tribe Name

		, ,	7 2015		
SUBMIT IN TRI	PLICATE - Other instruct	tions on reverse sittle U	7 2013	7. If Unit or CA/Agre	ement, Name and/or No.
Type of Well	EIVED	Well Name and No. BRANEX-COG FEDERAL COM 5H			
2. Name of Operator Contact: ROBYN ODOM COG OPERATING LLC E-Mail: rodom@concho.com				9. API Well No. 30-025-41005	
3a. Address ONE CONCHO CENTER 600 MIDLAND, TX 79701	2)	10. Field and Pool, or Exploratory MALJAMAR;YESO-WEST			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, and State	
Sec 9 T17S R32E 2075FSL 1		LEA COUNTY, NM			
	,				
12. CHECK APPI	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, RE	EPORT, OR OTHE	R DATA
TYPE OF SUBMISSION	TYPE OF ACTION				
Notice of Intent	☐ Acidize	□ Deepen	☐ Producti	on (Start/Resume)	■ Water Shut-Off
Notice of Intent	☐ Alter Casing	☐ Fracture Treat	☐ Reclama	ition	■ Well Integrity
☐ Subsequent Report	Casing Repair New Construction Reco		□ Recomp	lete	Other Change to Original A PD
☐ Final Abandonment Notice			☐ Tempora	arily Abandon	
	☐ Convert to Injection	Plug Back	☐ Water D	isposal	
13. Describe Proposed or Completed Op If the proposal is to deepen direction: Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al	ally or recomplete horizontally, g rk will be performed or provide t l operations. If the operation rest	give subsurface locations and meas he Bond No. on file with BLM/BL ults in a multiple completion or rec	ared and true ver A. Required sub completion in a n	rtical depths of all perti- sequent reports shall be ew interval, a Form 310	nent markers and zones. filed within 30 days 50-4 shall be filed once

testing has been completed. The treatment determined that the site is ready for final inspection.) COG Operating LLC respectfully requests a two year extension to this APD scheduled to expire 02/20/2015.

APPROVED FOR 12 MONTH PERIOD ENDING 2-20-2016

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14. I hereby certify	For COG OPERATING I	d by the BLM Well Information System LC, sent to the Hobbs by LINDA JIMENEZ on 03/17/2015 ()		
Name(Printed/I	Syped) ROBYN ODOM	Title REGULATORY ANALYST		
Signature	(Electronic Submission)	Date 02/03/2015	1/2	
	THIS SPACE FOR FEDERA	AL OR STATE OFFICE USE	<u>ρ</u>	
Approved By	1.D. Whithould	Title LPET	Date 30/15	
certify that the applic	al, if any, are attached. Approval of this notice does not warrant or ant holds legal or equitable title to those rights in the subject lease he applicant to conduct operations thereon.	Office (FO	<u> </u>	
	1001 1001 1001 000 1000			

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.