UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010

5. Lease Serial No. NMNM0315712

SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPLICATE - Other instructions on reverse side. 1. Type of Well Gas Well Gas Well Other OCT 6 2015 S. Well Name and/or No. 71 Oct 16 2015 S. Well Name and No. SNEED 9 FEDERAL COM 1H OCT 16 2015 S. Well Name and No. SNEED 9 FEDERAL COM 1H OCT	abandoned we					
1. Type of Well	SUBMIT IN TRI					
COG OPERATING LLC E-Mail: rodom@concho.com Sh. Phone No. (Include area code) ONE CONCHO CENTER 600 W. ILLINOIS AVE MIDLAND, TX 79701 4. Location of Well (Footage, Sec., T., R. M. or Survey Description) Sec 9 717S R32E 330FNL 150FWL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Alter Casing Alter Casing Fracture Treat Change Plans Plug and Abandon Plug Back Water Disposal Other Convert to Injection Convert to Injection Plug Back Water Disposal Solvesquent Report Change Plans Plug and Abandon or Temporarily Abandon Plug Back Water Disposal Solvesque to Completed Operations (clertly state all pertitent details, including estimated starting date of any peopoed work and approximate duration thereof. In the proposal to despread under which the work will be performed or provide the Bond No. on file with BLMBIA. Required abusequent provise and subsequent provise and subsequent provise to despread the work will be performed or provide the Bond No. on file with BLMBIA. Required subsequent provise and subsequen	1. Type of Well 0CT 1 6 2013					
3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVE MIDLAND, TX 79701 1. Location of Well (Footage, Sec. T. R. M. or Survey Description) Sec 9 T17S R32E 330FNL 150FWL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF ACTION TYPE OF ACTION Notice of Intent Alter Casing Subsequent Report Casing Repair New Construction Plug Back Conditions of Completed Operation (clearly state all pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of the pertinent details, including estimated starring date of any proposed over date of the pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent details, including estimated starring date of any proposed over date of pertinent relations and pertinent determinent date and pertinent determinent date of the pertinent relation and pertinent determinent date and pertinent determinent date of any pertinent details, including estimated starring date of any pertinent date over and pertinent determinent date of any pertinent date over and pertinent determinent date of the pertinent relations and pertinent details, including estimated starring date of any pertinent details, including estimated starring date of any pertinent details, including estimated starring da	2. Name of Operator COG OPERATING LLC Contact: ROBYN ODOM E-Mail: rodom@concho.com COG OPERATING LLC Contact: ROBYN ODOM E-Mail: rodom@concho.com					
Sec 9 T17S R32E 330FNL 150FWL LEA COUNTY, NM	ONE CONCHO CENTER 600 W. ILLINOIS AVE Ph: 432-68			area code)	Field and Pool, or Exploratory	
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Acidize	4. Location of Well (Footage, Sec., T.			11. County or Parish, and State		
TYPE OF SUBMISSION Acidize	Sec 9 T17S R32E 330FNL 150FWL				LEA COUNTY, NM	
Subsequent Report	12. CHECK APPE	ROPRIATE BOX(ES) TO	INDICATE NATUR	RE OF NOTICE, R	EPORT, OR OTHE	R DATA
Solute of Intent Alter Casing Fracture Treat Reclamation Well Integrity	TYPE OF SUBMISSION					
Alter Casing Fracture Treat Reclamation Well Integrity	Notice of Intent	☐ Acidize	□ Deepen	Deepen Production (Start/Resume)		■ Water Shut-Off
Final Abandonment Notice Change Plans Plug and Abandon Recompressible Change to Original A PD	_	□ Alter Casing	☐ Alter Casing ☐ Fracture Treat ☐ Reclamation		ation	■ Well Integrity
Convert to Injection	☐ Subsequent Report	□ Casing Repair	■ New Construction	ction Recomp	olete 🖸 Other	
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 recomplete 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 Abandoment 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 a two year extension to the APD scheduled to expire 10/31/2015. APPROVED FOR 24 MONTH PERIOD ENDING 10-31-2017 APPROVED FOR 24 MONTH PERIOD ENDING 10-31-2017 APPROVED FOR 25 MONTH PERIOD ENDING 10-31-31-31-31-31-31-31-31-31-31-31-31-31-	☐ Final Abandonment Notice	□ Change Plans	Plug and Aba	ndon	arily Abandon	
If the proposal is to depend incretionally or recomplete 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/MBIA. Required subsequent reports shall be filed without provided 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 Abandomment 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 a two year extension to the APD scheduled to expire 10/31/2015. APPROVED FOR 29 MONTH PERIOD ENDING 10-31-2017 14. I hereby certify that the foregoing is true and correct. Electronic Submission #318345 verified by the BLM Well Information System For COG OPERATING L.C. sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 10/05/2015 () Name(Printed/Typed) ROBYN ODOM Title PERSON RESPONSIBLE Signature (Electronic Submission) Title PERSON RESPONSIBLE Title LICET Date 90/01/2015 Title LICET Date 90/01/2015 Title LICET Office (Fo		□ Convert to Injection	□ Plug Back	☐ Water I	Disposal	
Electronic Submission #318345 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 10/05/2015 () Name(Printed/Typed) ROBYN ODOM Title PERSON RESPONSIBLE Signature (Electronic Submission) Date 10/01/2015 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By 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 Committed by the BLM Well Information System For COG OPERATING LC, sent to the Hobbs Title PERSON RESPONSIBLE Title UET Date 8/1/5 Office Committed to 10/05/2015 ()	determined that the site is ready for fi COG Operating LLC respectfu	inal inspection.)	tension to the APD se	cheduled to expire	TH PERIOD	and the operator has
Name (Printed/Typed) ROBYN ODOM Title PERSON RESPONSIBLE Signature (Electronic Submission) Date 10/01/2015 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By Date Office (Formula 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. Committed to AFMSS for processing by LINDA JIMENEZ on 10/05/2015 () Title PERSON RESPONSIBLE Title UET Date 8/15	14. I hereby certify that the foregoing is	Electronic Submission #3	18345 verified by the I	BLM Well Information	System	
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Approved By D. D. Allocha Title LIET Date 8/15 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 (Fo	Signature (Electronic S	Submission)	Date	10/01/2015		ph
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	certify that the applicant holds legal or equ which would entitle the applicant to condu	uitable title to those rights in the act operations thereon.	subject lease Office		K	2

States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

