

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTNMOCD  
HobbsFORM 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.***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. NMNM120907
2. Name of Operator COG PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946 Fx: 575-748-6950	8. Well Name and No. EIDER FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R32E SWSE 0190FSL 1795FEL 32.167234 N Lat, 103.642247 W Lon		9. API Well No. 30-025-41813-00-X1
		10. Field and Pool, or Exploratory WC-025 G07 S243225C
		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 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	Drilling Operations
	<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 recomple 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.)

8/5/15 Spud well.

8/7/15 TD 17 1/2" hole @ 1052'. Set 13 3/8" 54.5# J-55 csg @ 1052'. Cmt w/500 sx Class C. Tailed in w/250 sx. DNC. Ran TS. TOC @ 120'. Ran 1" & pumped 113 sx. Circ 20 sx to surface. WOC 18 hrs. Test csg to 1000# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

8/13/15 TD 12 1/4" hole @ 4885'. Set 9 5/8" 40# L-80 csg @ 4885'. Cmt w/1310 sx Class C. Tailed in w/200 sx. Circ 318 sx to surface. WOC 18 hrs. Test csg to 3000#. Drilled out 5' below FS w/10# brine - no loss of circ.

9/6/15 TD 8 3/4" lateral @ 20769' (KOP @ 10325'). Set 5 1/2" 17# P-110 csg @ 20760'. Set DVT @ 7485'. Cmt Stage 1 w/350 sx Class C. Tailed in w/2570 sx. Circ 95 sx. Cmt Stage 2 w/700 sx Class

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #316187 verified by the BLM Well Information System</b> <b>For COG PRODUCTION LLC, sent to the Hobbs</b> <b>Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/29/2015 (16JAS0054SE)</b>	
Name (Printed/Typed) STORMI DAVIS	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 09/14/2015
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
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.	

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**Additional data for EC transaction #316187 that would not fit on the form**

**32. Additional remarks, continued**

C. Tailed in w/100 sx. Circ 7 sx to surface.

9/9/15 Rig released.