

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side

MAY 19 2016

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0315712
2. Name of Operator COG OPERATING LLC Contact: CHASITY JACKSON E-Mail: cjackson@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 432-686-3087	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E SWNW 1650FNL 330FWL		8. Well Name and No. SNEED 9 FEDERAL COM 23H
		9. API Well No. 30-025-41410-00-X1
		10. Field and Pool, or Exploratory MALJAMAR
		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 Well Spud
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<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 recompleat 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 recompleat 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.)

4/6/16 Spud 17-1/2 @ 11PM. 4/7/16 TD 17-1/2 @ 972. Ran 23jts 13-3/8 J55 54.5# @ 972. Cmt w/500sx C. lead, 300sx C. tail. 4/8/16 PD @ 2:15AM. Circ 290sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok.
4/9/16 TD 12-1/4 @ 2293. Ran 57jts 9-5/8 J55 40# @ 2293.
4/10/16 Cmt w/500sx C. lead, 300sx C. tail. PD @ 11AM. Circ 216sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok. 4/13/16 TD 8-3/4 vertical hole @ 5796. EOC @ 6779.
4/14/16 Drill 8-3/4 lateral from 6779 - 12,351.
4/20/16 TD 8-3/4 @ 12,351MD 6398TVD.
4/21/16 Ran 145jts 5-1/2 17# L80 XO @ 5732, 127jts 7 29# L80 @ 12,340. Cmt w/600sx C. lead, 2200sx C. tail. 4/22/16 PD @ 3:26AM. Circ 212sx. WOC 24hrs. RR.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #338164 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 05/02/2016 (16JAS0356SE)	
Name (Printed/Typed) CHASITY JACKSON	Title PREPARER
Signature (Electronic Submission)	Date 05/02/2016
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____
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 _____	

ACCEPTED FOR RECORD
MAY 2 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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

Accepted for Record Only

MAB/ocd 5/23/2016

ep. CSG MB