Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

HOBBS OCD

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

SUNDRY NOTICES AND REPORTS ON WELLS

MAY 1 9 2016

5. Lease Serial No. NMNM121958

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals RECEIVE 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No. SUBMIT IN TRIPLICATE - Other instructions on reverse side. 1. Type of Well 8. Well Name and No. PAN AM FEDERAL 251 Oil Well Gas Well Other: INJECTION 2. Name of Operator 9. API Well No. Contact: STORMI DAVIS COG OPERATING LLC 30-025-23155-00-S1 3a. Address 3b. Phone No. (include area code). 10. Field and Pool, or Exploratory ONE CONCHO CENTER 600 W ILLINOIS AVENUE Ph: 575.748.6946 MIDLAND, TX 79701-4287 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, and State Sec 25 T25S R33E NWSW 1980FSL 660FWL LEA COUNTY, NM 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION □ Acidize □ Deepen ☐ Production (Start/Resume) ☐ Water Shut-Off □ Notice of Intent Well Integrity ☐ Alter Casing ☐ Fracture Treat ☐ Reclamation Subsequent Report Other Casing Repair ■ New Construction □ Recomplete Mechanical + Casing ☐ Final Abandonment Notice □ Change Plans ☐ Plug and Abandon ☐ Temporarily Abandon □ Convert to Injection ☐ Plug Back ■ 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 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 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.) 1/21/16 to 1/27/16 RU WSU. POOH w/tbg & pkr & inspect. Replaced 4 jts. Set 2 7/8" 6.5# J-55 Glassbore tbg & NP pkr @ 5105'. Test to 500# for 10 mins. Good test. Circ 75 bbls pkr fluid. Test tbg x csg annulus to 600# for 30 mins. Good test. Pressure test to 500# for 30 mins. Test good. OCD rep witnessed test. Note: the BLM conditions of approval concerning the existence and maintance of the annular monitoring system developed for Endeavor on this well are to be honored by EOG.

14. I hereby certify that the foregoing is true and correct Electronic Submission #330315 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 02/03/2016 (16PP0250SE) Name (Printed/Typed) STORMI DAVIS REGULATORY ANALYST 02/01/2016 Signature (Electronic Submission) Date

THIS SPACE FOR FEDERAL OR STATE OFFICE USE Title 2015 Date Approved By 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 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. States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

which would entitle the applicant to conduct operations thereon.

SUBJECT TO LIKE APPROVAL BY STATE

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

MUSB LOCA 6/15/2016

