

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-HOBBS
HOBBS OCD
APR 17 2017
RECEIVED

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.

5. Lease Serial No.
NMNM19859

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM135942

8. Well Name and No.
MONET FEDERAL 3H

9. API Well No.
30-025-42763-00-S1

10. Field and Pool, or Exploratory
DRAPER MILL-BONE SPRING

11. County or Parish, and State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: AMANDA AVERY
E-Mail: aavery@concho.com

3a. Address
ONE CONCHO CENTER 600 W ILLINOIS AVENUE
MIDLAND, TX 79701-4287

3b. Phone No. (include area code)
Ph: 575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 4 T25S R33E Lot 3 190FNL 1980FWL

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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 Site Facility Diagram/Security Plan
	<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.)

Please see attached Site Facility Diagram.

ENTERED 2-5-17
INTO AFMSS

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 2-5-17

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #351751 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 09/27/2016 (16PP1199SE)**

Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 09/19/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Stucker Title EPS. LE Date 2-5-17

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 CFD

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.

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

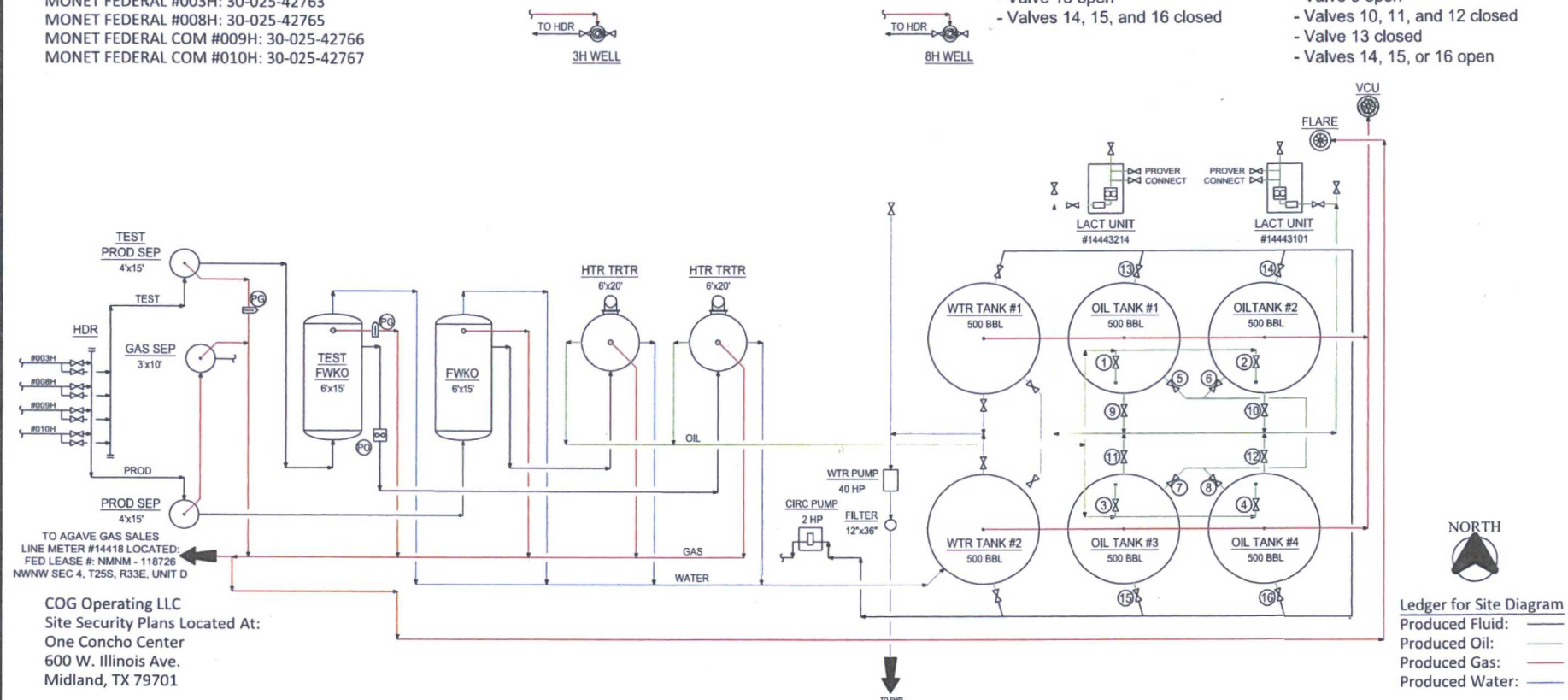
[Handwritten signature]

MONET FEDERAL 3H BATTERY
 NENW SECTION 4, T25S, R33E, UNIT C
 LEA COUNTY, NM

WELLS:
 MONET FEDERAL #003H: 30-025-42763
 MONET FEDERAL #008H: 30-025-42765
 MONET FEDERAL COM #009H: 30-025-42766
 MONET FEDERAL COM #010H: 30-025-42767

Production Phase - Oil Tank #1
 - Valve 1 open
 - Valves 2, 3, and 4 closed
 - Valves 5, 6, 7, and 8 open
 - Valves 9, 10, 11, and 12 closed
 - Valve 13 open
 - Valves 14, 15, and 16 closed

Sales Phase - Oil Tank #1
 - Valve 1 closed
 - Valves 2, 3, or 4 open
 - Valve 5 closed
 - Valves 6, 7, and 8 open
 - Valve 9 open
 - Valves 10, 11, and 12 closed
 - Valve 13 closed
 - Valves 14, 15, or 16 open



TO AGAVE GAS SALES
 LINE METER #14418 LOCATED:
 FED LEASE #: NMNM - 118726
 NWNW SEC 4, T25S, R33E, UNIT D

COG Operating LLC
 Site Security Plans Located At:
 One Concho Center
 600 W. Illinois Ave.
 Midland, TX 79701

Legend for Site Diagram
 Produced Fluid: — (black line)
 Produced Oil: — (red line)
 Produced Gas: — (blue line)
 Produced Water: — (green line)

NOTES: Type of Lease: Federal Federal Lease #: NMNM - 019859 Property Code: 315179 OGRID #: 229137	CONFIDENTIALITY NOTICE THIS DRAWING IS PROPERTY OF COG OPERATING LLC AND IS LOANED TO THE GOVERNOR FOR CONFIDENTIAL USE ONLY AND IS SUBJECT TO RETURN UPON REQUEST AND SHALL NOT BE REPRODUCED, COPIED, LENT OR OTHERWISE DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE OTHER THAN THAT WHICH IT IS SPECIFICALLY FURNISHED.	REFERENCE DRAWINGS		REVISIONS			ENGINEERING RECORD		 NEW MEXICO BASIN ASSET PRODUCTION FACILITIES SITE FACILITY DIAGRAM MONET FEDERAL 3H BATTERY
		NO. TITLE	NO. DATE DESCRIPTION BY CHK. APP.	DRN: BY DATE DES: CFB 06/01/12 CHK: CFB 06/01/12 APP: CFB 06/01/12 AFE NO: C. BLEDSOE OPER ENGR: VARIES SCALE: NONE	LEA COUNTY: NEW MEXICO TOWNSHIP/RANGE: MULTIPLE DWG NO.: D-1700-81-005 REV: B				

Accepted for Record Purposes.
 Approval Subject to Onsite Inspection.
 Date: _____