Form 3160-5 (June \$15) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an OBBS O abandoned well. Use form 3160-3 (APD) for such proposals.					NMLC068848	
abandoned we	II. Use form 3160-3 (APD) fo	or such propo			CD Indian, Allottee or	
SUBMIT IN TRIPLICATE - Other instructions on page 2				1 7 2017	 If Unit or CA/Agree 8910160570 	ment, Name and/or No.
1. Type of Well ☐ Oil Well ⊠ Gas Well ☐ Oth		RECEIVED 8. Well Name and No. BRINNINSTOOL UN 2			JN 2 1	
2. Name of Operator COG OPERATING LLC	ANDA AVERY			 API Well No. 30-025-25553-00-S1 		
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	b. Phone No. (inclu h: 575-748-694				10. Field and Pool or Exploratory Area BRINNINSTOOL	
4. Location of Well (Footage, Sec., T				11. County or Parish, S		
Sec 21 T23S R33E SENW 1980FNL 1980FWL <					LEA COUNTY, NM	
12. CHECK THE AI	PPROPRIATE BOX(ES) TO	INDICATE N	ATURE O	F NOTICE,	REPORT, OR OTH	IER DATA
TYPE OF SUBMISSION TYPE OF ACTION						
□ Notice of Intent	Acidize	Deepen		Production (Start/Resume)		□ Water Shut-Off
Subsequent Report	 Alter Casing Casing Repair 	Hydraulic New Constant	U	Reclam		☐ Well Integrity ☑ Other
Final Abandonment Notice	Change Plans	Plug and		 Recomplete Temporarily Abandon 		Site Facility Diagra m/Security Plan
	Convert to Injection	Plug Back	ug Back 🔲 Water Disposal		Disposal	ni/ Security I lan
following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must 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. Accepted for Record Purposes. Approval Subject to Onsite Inspection. Date: OBAGILE						
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14. I hereby certify that the foregoing is true and correct. Electronic Submission #369178 verified by the For COG OPERATING LLC, se Committed to AFMSS for processing by PRISCILLA				I Information	n System	
Committed to AFMSS for processing by PRI Name(Printed/Typed) AMANDA AVERY			Title AUTHORIZED REPRESENTATIVE			
Signature (Electronic Submission)			Date 03/08/2017			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
Approved By June June			Title EPS-UE			03/29/17 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.			ce CI	FD		
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a crim statements or representations as to a	ne for any person k ny matter within it	nowingly and jurisdiction.	willfully to m	ake to any department or	agency of the United
(Instructions on page 2) ** BLM REV	ISED ** BLM REVISED **	BLM REVIS	ED ** BLN	REVISE	D**BLM REVISEI) **
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