

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC One Concho Center 600 W. Illinois Ave. Midland, TX 79701		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW Effective 3/23/17
⁴ API Number 30 - 025-43157	⁵ Pool Name Maljamar; Yeso, West	⁶ Pool Code 44500
⁷ Property Code 40481	⁸ Property Name Flat Head Federal Com	⁹ Well Number 15H

II. ¹⁰ Surface Location

UL or lot no. B	Section 14	Township 17S	Range 32E	Lot Idn	Feet from the 940	North/South Line North	Feet from the 2440	East/West line East	County Lea
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¹¹ Bottom Hole Location

UL or lot no. B	Section 11	Township 17S	Range 32E	Lot Idn	Feet from the 370	North/South line North	Feet from the 2292	East/West line East	County Lea
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¹² Lse Code P	¹³ Producing Method Code P	¹⁴ Gas Connection Date 3/23/17	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Navajo Refining Co	O
	DCP Midstream	G

IV. Well Completion Data

²¹ Spud Date 12/15/16	²² Ready Date 3/23/17	²³ TD 11,825MD/5901TVD	²⁴ PBTB 11,737	²⁵ Perforations 6197 - 11717	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	1130	750sx		
12-1/4	9-5/8	2852	850sx		
8-3/4	7	5209			
8-3/4	5-1/2	11,805	3150sx		
	2-7/8 tbg	6132			

V. Well Test Data

³¹ Date New Oil 4/7/17	³² Gas Delivery Date 4/6/17	³³ Test Date 4/11/17	³⁴ Test Length 24hrs	³⁵ Tbg. Pressure 70	³⁶ Csg. Pressure 70
³⁷ Choke Size	³⁸ Oil 177	³⁹ Water 4551	⁴⁰ Gas 121		⁴¹ Test Method P

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.
Signature:



Printed name:
Kanicia Castillo

Title:
Lead Regulatory Analyst

E-mail Address:
kcastillo@concho.com

Date:
4/27/17

Phone:
432-685-4332

OIL CONSERVATION DIVISION

Approved by:



Petroleum Engineer

Approval Date:

04/09/17

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS C 07

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

MAY 01 2017

5. Lease Serial No.
NMLC061842

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		7. Unit or CA Agreement Name and No.	
2. Name of Operator COG OPERATING LLC		8. Lease Name and Well No. FLAT HEAD FEDERAL COM 15H	
3. Address 600 W ILLINOIS AVE ONE CONCHO CENTER MIDLAND, TX 79701		9. API Well No. 30-025-43157	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 14 T17S R32E Mer NMP At surface Lot B 940FNL 2440FEL Sec 14 T17S R32E Mer NMP At top prod interval reported below Lot B 978FNL 2292FEL Sec 11 T17S R32E Mer NMP At total depth Lot B 370FNL 2292FEL		10. Field and Pool, or Exploratory MALJAMAR;YESO, WEST	
14. Date Spudded 12/15/2016		15. Date T.D. Reached 01/02/2017	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 03/23/2017		17. Elevations (DF, KB, RT, GL)* 4088 GL	
18. Total Depth: MD TVD 11825 5901		19. Plug Back T.D.: MD TVD 11737	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)			

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	9.625 J55	40.0		2852		850			
8.750	7.000 L80	29.0		5209					
8.750	5.000 L80	17.0		11805		3150			
17.500	13.375 J55	54.5	0	1130		750		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	6132							

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) YESO	6197	11717	6197 TO 11717	0.430	1116	OPEN
B)						
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
6197 TO 11717	ACIDIZE W/ 122,976 15% ACID, FRAC W/ 427,434 GALS TREATED WATER, 6,051,360 GALS SLICK WATER,

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
04/06/2017	04/11/2017	24	→	177.0	121.0	4551.0	42.0	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. 70.0	24 Hr. Rate →	Oil BBL 177	Gas MCF 121	Water BBL 4551	Gas:Oil Ratio 684	Well Status POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #374185 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(*Sold, used for fuel, vented, etc.*)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	1039		ANHYDRITE	RUSTLER	1039
QUEEN	3320		SANDSTONE	QUEEN	3320
GRAYBURG	3780		DOLOMITE & ANHYDRITE	GRAYBURG	3780
SAN ANDRES	4138		DOLOMITE & ANHYDRITE	SAN ANDRES	4138
PADDOCK	5645		DOLOMITE	PADDOCK	5645

32. Additional remarks (include plugging procedure):
Logs will be submitted in WIS.

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7 Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #374185 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) KANICIA CASTILLO

Title PREPARER

Signature (Electronic Submission)

Date 04/27/2017

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.

**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

SITE FACILITY DIAGRAM

FLAT HEAD FED COM 6H BATTERY
SHL SECT 14, BHL SECT 11, T17S, R32E
LEASE NO.: NMNM135168
Lea County, NM

WELLS

Flat Head Fed Com 6H - 30-025-41759
Flat Head Fed Com 15H - 30-025-413157
Flat Head Fed Com 25H - 30-025-43109
Flat Head Fed Com 26H - PENDING

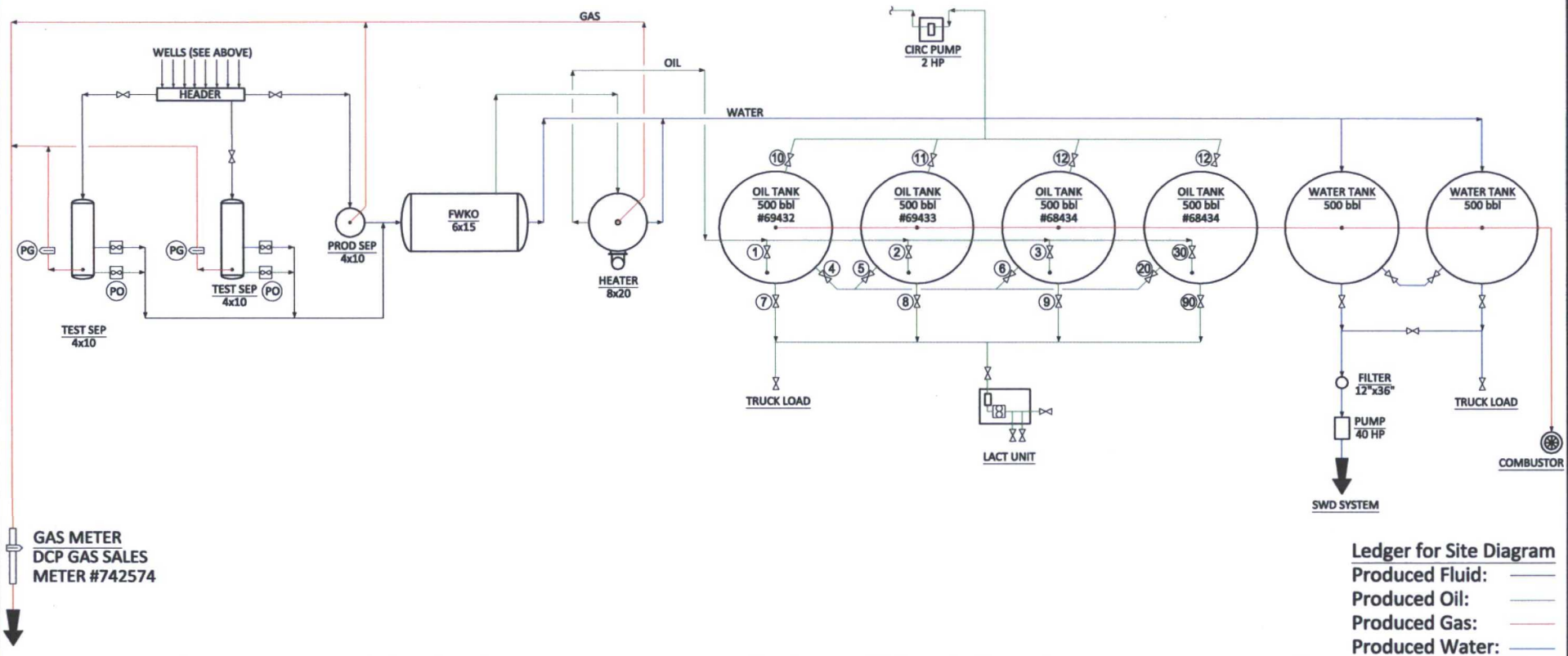


Production Phase - Oil Tank #1

- Valve 1 open
- Valves 2 and 3 closed
- Valves 4, 5, 6 and 20 open
- Valves 7, 8, 9 and 90 closed
- Valves 10, 11, and 12 closed

Sales Phase - Oil Tank #1

- Valve 1 closed
- Valves 2 or 3 open
- Valve 4 closed
- Valves 5, 6 and 20 open
- Valve 7 open
- Valves 8, 9 and 90 closed
- Valves 10, 11, and 12 closed



Ledger for Site Diagram

Produced Fluid: _____
Produced Oil: _____
Produced Gas: _____
Produced Water: _____



Location of Site Security Plan:
COG Operating, LLC.
600 W. Illinois
Midland, TX 79701

DATE:	BY:	REVISION DESCRIPTION
4/5/17	KH	Updated to include 15H & 25H

SITE FACILITY DIAGRAM
FLAT HEAD FED COM 6H BATTERY
EDDY COUNTY, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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 page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC061842
2. Name of Operator COG OPERATING LLC Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 14 T17S R32E Mer NMP 940FNL 2440FEL		8. Well Name and No. FLAT HEAD FEDERAL COM 15H
		9. API Well No. 30-025-43157
		10. Field and Pool or Exploratory Area MALJAMAR;YESO,WEST
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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	
	<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 must 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 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 logs.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #374182 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 04/27/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.
NMLC061842

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
FLAT HEAD FEDERAL COM 15H9. API Well No.
30-025-4315710. Field and Pool or Exploratory Area
MALJAMAR;YESO,WEST11. County or Parish, State
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com3a. Address
600 W ILLINOIS AVE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-685-4332

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 14 T17S R32E Mer NMP 940FNL 2440FEL

12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 must 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 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.

1/31/17 Drill out DVT.

2/3/17 Test frac valve to 7200#, good test.

2/8/17 Test csg to 6202psi for 15min, good.

2/21/17 - 2/29/17 Perf 31 stages @ 6197 ? 11,717 w/6 SPF, 1116 holes. Acidize 31 stages w/122,976

gals 15% HCL. Frac w/427,434 gals treated water, 6,051,360 gals slick water, 1,851,640# 100 mesh

sand, 3,015,800# 40/70 white sand, 634,760# 40/70 CRC.

3/18/17 ?3/21/17 Drill out plugs. Clean out to PBTD 11,737.

3/22/17 RIH w/ESP, 184jts 2-7/8" J55 tbg, EOT @ 6132.

3/23/17 Hang on.

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

**Electronic Submission #374174 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO

Title PREPARER

Signature (Electronic Submission)

Date 04/27/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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

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(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
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*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.
NMLC061842

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: KANICIA CASTILLO
E-Mail: kcastillo@concho.com8. Well Name and No.
FLAT HEAD FEDERAL COM 15H9. API Well No.
30-025-431573a. Address
600 W ILLINOIS AVE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-685-433210. Field and Pool or Exploratory Area
MALJAMAR;YESO, WEST

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 14 T17S R32E Mer NMP 940FNL 2440FEL

11. County or Parish, State

LEA COUNTY, NM

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

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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	Site Facility Diagram/Security Plan
	<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 must 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 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 facility diagram.

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

**Electronic Submission #374184 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO

Title PREPARER

Signature (Electronic Submission)

Date 04/27/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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