Form 3160-5 (June 2015)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office No. 1004-0137
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

OCD Hobbers Serial No.
NM05792

Do not use this form for proposals to drill or to re-enter an					John William William OZ		
abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Allottee or	Tribe Name	
SUBMIT IN TRIPLICATE - Other instructions on pa					7. If Unit or CA/Agreen NMNM124500	nent, Name and/or No.	
Type of Well				1 2017	8. Well Name and No. RED BULL 35 FED	DERAL 1	
2. Name of Operator Contact: AMANDA AVI COG OPERATING LLC / E-Mail: aavery@concho.com				EIAED	9. API Well No. 30-025-34015		
3a. Address       3b. Phone No.         2208 W MAIN STREET       Ph: 575-74         ARTESIA, NM 88210       Ph: 575-74			(include area co 8-6940	de)	10. Field and Pool or Exploratory Area WILDCAT; WOLFCAMP		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State			
Sec 35 T25S R33E NESW 1980FSL 1980FWL /				LEA COUNTY, NM			
12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICA	ΓE NATURE	OF NOTICE	E, REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION TYPE OF ACTION							
Notice of Intent   ■ Notice of Intent	□ Acidize	Deep Deep	□ Deepen		ction (Start/Resume)	■ Water Shut-Off	
_	☐ Alter Casing	☐ Hyd	☐ Hydraulic Fracturing		mation	■ Well Integrity	
☐ Subsequent Report	□ Casing Repair	□ New	Construction	☐ Recor	nplete	<b>⊠</b> Other	
☐ Final Abandonment Notice	☐ Change Plans	Plug	and Abandon		orarily Abandon	Onshore Order Varian	
	□ Convert to Injection	Plug	ug Back 🔲 Wat		Disposal		
COG Operating LLC respectfu measurement point (FMP) for diagram.: The FMP meter is low Meter meets API and AGA starequirements and regulations.	gas produced from this wo cated on lease NMNM12	ell. (Please s 24500 at the F	ee attached s Red Bull 35 Fe	site facility ederal #1 ba	ttery. I federal		
14. I hereby certify that the foregoing is	true and correct.				•		
	d by the BLM V LC, sent to th	e Hobbs					
			DEBORAH MCKINNEY on 04/11/2017 ()  Title AUTHORIZED REPRESENTATIVE				
Name (Printed/Typed) AMANDA	VERY Title AUTHORIZED R		EPRESENTATIVE				
Signature (Electronic Submission)			Date 04/04	1/2017			
	THIS SPACE FO	R FEDERA	L OR STAT	E OFFICE	USE		
Approved By			Title			Date	
Conditions of approval, if any, are attached. Approval of this notice does not warrant certify that the applicant holds legal or equitable title to those rights in the subject lear which would entitle the applicant to conduct operations thereon.			Office				
Title 18 U.S.C. Section 1001 and Title 43 U.S. States any false, fictitious or fraudulent s					make to any department or	agency of the United	
(Instructions on page 2)						V	

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

