Form 3160-5 (June 2015)						IOCI	FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No.			
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							7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well  ☐ Gas Well  ☐ Other							8. Well Name and No. PATTERSON B-52 FEDERAL COM 4H			
2. Name of Operator Contact: BRIAN MAIORINO COG OPERATING LLC E-Mail: bmaiorino@concho.com								9. API Well No. 30-025-39289		
3a. Address       3b. Phone No. (include area code)         ONE CONCHO CENTER 600 W. ILLINOIS AVE       Ph: 432-221-0467         MIDLAND, TX 79701       Ph: 432-221-0467							10. Field and Pool or Exploratory Area BONE SPRING			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)							11. County or Parish, State			
Sec 5 T19S R32E NWSW 2310FSL 660FWL							LEA COUNTY, NM			
12 CHEC	K THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATUI	REOFI	NOTICE	REPORT OR	ОТНЕ	RDATA	
TYPE OF SUBMIS						ACTION				
							ion (Start/Resume)		□ Water Shut-Off	
Notice of Intent	☑ Notice of Intent			<ul> <li>Deepen</li> <li>Hydraulic Fracturing</li> </ul>			Reclamation		□ Well Integrity	
Subsequent Report	Subsequent Report Casing Report			□ New Construction			Recomplete		☑ Other	
Final Abandonme	nt Notice	Change Plans	🗖 Plug	g and Abando	and Abandon 🗖 Tempo		rarily Abandon Venti		Venting and/or Flari	
		Convert to Injection eration: Clearly state all pertine		g Back 🖸 Water			Disposal			
determined that the site COG Operating LL # of wells to flare: 1 From 9/23/14 to 12 BBLS oil/day: 10 MCF/day: 20 Reason: line press	C respectfu 1, 30-025-3 2/23/14	ully request to flare at the 9289	Patterson B-	52 Federal (	Com #4	)		RECE	HOBBS OCT	
14. I hereby certify that the	e foregoing is	Electronic Submission #					System	/	1	
For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 11/							2014 ()			
Name (Printed/Typed)	BRIAN M	AIORINO		Title AL	JTHOR	ZED REP	RESENTATIV	E	<i>i</i>	
Signature (Electronic Submission)					23/201	QTED F	OR RECO	RD		
		THIS SPACE FO	OR FEDER	AL OR ST	ATEO	FFICE U	SE			
Approved By					A	FER	S POINS	M	Date	
Conditions of approval, if ar certify that the applicant hol which would entitle the appl	Office		the second s	ID MANAGEMEI	and the second se					
Title 18 U.S.C. Section 100 States any false, fictitious	l and Title 43 or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any p s to any matter w	erson knowing /ithin its jurisd	gly and williction.	illfully to ma	ake to any departm	ent or a	gency of the United	
(Instructions on page 2) **	* OPERA	TOR-SUBMITTED ** O	PERATOR	-SUBMITT	ED ** (	OPERAT	OR-SUBMIT	TED *	*	
Accepted for Record Only MSB/OCD 2/19/2018										