UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No.

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NMNM123528
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SUNDRY N	OTICES AND REPORTS ON WELLS $old H_0$	DDS
Do not use this	form for proposals to drill or to re-enter an	
abandoned well.	Use form 3160-3 (APD) for such proposals.	

6. If Indian, Allottee or Tribe Name

abandoned wei		1				
SUBMIT IN T	7. If Unit or CA/Agreement, Name and/or No.					
Type of Well	8. Well Name and No. SEBASTIAN FED COM 1H					
Name of Operator COG OPERATING LLC	9. API Well No. 30-025-41687					
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		10. Field and Pool or Exploratory Area RED HILLS				
4. Location of Well (Footage, Sec., T	11. County or Parish, State					
Sec 18 T24S R34E NWNW 19 32.224319 N Lat, 103.515335	LEA COUNTY, NM					
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTI	HER DATA
TYPE OF SUBMISSION	,	ACTION				
☐ Notice of Intent	☐ Acidize	☐ Dee	pen	☐ Product	tion (Start/Resume)	■ Water Shut-Off
	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclam	ation	☐ Well Integrity
Subsequent Report ∴	☐ Casing Repair	□ New	Construction	□ Recomp	plete	Other Venting and/or Flari
☐ Final Abandonment Notice	☐ Change Plans		and Abandon		rarily Abandon	ng
	☐ Convert to Injection	Plug	Back	□ Water I	Disposal	
If the proposal is to deepen directions Attach the Bond under which the won following completion of the involved testing has been completed. Final At determined that the site is ready for f ACTUAL GAS FLARED AT TI NOI SUBMISSION #383224 WELLS:	rk will be performed or provide operations. If the operation resondonment Notices must be filinal inspection. HE SEBASTIAN FED CO	the Bond No. or sults in a multipled only after all	n file with BLM/BIA e completion or reco requirements, includ	. Required su empletion in a ing reclamation	bsequent reports must be new interval, a Form 316	e filed within 30 days 60-4 must be filed once
SEBASTIAN FED COM 1H: 3 OCTOBER: 288 MCF	0-025-41687					
NOVEMBER: 0 MCF						1
DECEMBER: 400 MCF						1
14. I hereby certify that the foregoing is	s true and correct.					# //
Name (Printed/Typed) CATHY S	Electronic Submission # For COG Committed to AFMSS for	OPERATING	LC, sent to the F	lobbs	28/2018 ()	
Traine (Francas Typea) OATTIT S	LLLI		THE LIVERINE	AC	CEPTED FOR	REMORAL/
Signature (Electronic S	Submission)		Date 02/27/2	018	OLI/ILD TOI	The state of the s
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE/	2010
					1//	AUMA
Approved By		ALDERAL DELIAND NA	// Date			
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condu	uitable title to those rights in the		Office /		CARLSBAD FIELD	OFFICE VI
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any pe s to any matter w	erson knowingly and ithin its jurisdiction.	willfully to m	ake to any department of	agency of the United
(Instructions on page 2)	TOD CURNITTED ## C	2524502	OU DANIET DE	+ ODED 43	TOP OUR IN	

OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERAT

Accepted for Record Only

WUB/OCD 3/216/2018