

Fom 3160-3 (March 2012) UNITED STATE DEPARTMENT OF THE BUREAU OF LAND MAN APPLICATION FOR PERMIT TO	S INTERIOR NAGEMENT	APR 0 3 2018 RECEIVE		OMB N	APPROVE o. 1004-013 ictober 31, 2 or Tribe N	7 014	
la. Type of work:				 If Unit or CA Agreement, Name and No. Lease Name and Well No. 			
Ib. Type of Well: Øil Well Gas Well Other Single Zone Multiple Zone				TENDERLOIN FEDERAL COM 4H 9. API Well No.			
COG OPERATING LLC							
3a. Address 600 West Illinois Ave Midland TX 79701	t Illinois Ave Midland TX 79701 3b. Phone No. (include area code) (432)683-7443				10. Field and Pool, or Exploratory GRAMA RIDGE / BONE SPRING, WES		
Location of Well (Report location clearly and in accordance with any State requirements.*)				11. Sec., T. R. M. or Blk. and Survey or Area			
At surface SWSW / 655 FSL / 660 FWL / LAT 32.400785 / LONG -103.532497 At proposed prod. zone NWNW / 200 FNL / 660 FWL / LAT 32.427465 / LONG -103.53251				SEC 12 / T22S / R33E / NMP			
 14. Distance in miles and direction from nearest town or post office* 14 miles 				12. County or Parish LEA		13. State NM	
15. Distance from proposed* location to nearest 200 feet property or lease line, ft. (Also to nearest drig. unit line, if any)	16. No. of acres in lease 17. Spacin 1794.49 320			ng Unit dedicated to this well			
 Distance from proposed location* to nearest well, drilling, completed, 1551 feet applied for, on this lease, ft. 				/BIA Bond No. on file MB000215			
21. Elevations (Show whether DF, KDB, RT, GL, etc.) 3525 feet	22. Approximate date work will start* 04/01/2017			23. Estimated duration 30 days			
 The following, completed in accordance with the requirements of Onshin. Well plat certified by a registered surveyor. A Drilling Plan. A Surface Use Plan (if the location is on National Forest System SUPO must be filed with the appropriate Forest Service Office). 		Order No.1, must be a 4. Bond to cover t Item 20 above). 5. Operator certific	he operatio cation	is form: ns unless covered by an ormation and/or plans as	Ū		
25. Signature	Ctronic Submission) Name (Printed/Typed) Mayte Reves / Ph: (575)748-694				Date	2047	
(Electronic Submission) Title Regulatory Analyst	Mayte	e Reyes / Ph: (575))/48-6945		01/24/2	2017	
Approved by (Signature) (Electronic Submission)	c Submission) Name (Printed/Typed) Cody Layton / Ph: (575)234-59			Date 07/05/2017			
Title Supervisor Multiple Resources	Office HOBBS						
Application approval does not warrant or certify that the applicant hol conduct operations thereon. Conditions of approval, if any, are attached.	lds legal or equit	table title to those righ	its in the sub	oject lease which would e	ntitle the a	applicant to	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a States any false, fictitious or fraudulent statements or representations a	crime for any person s to any matter w	erson knowingly and within its jurisdiction.	willfully to n	nake to any department o	r agency	of the United	
(Continued on page 2)	5.) 	H CONDIT	IONS	*(Inst	ructions	on page 2)	

Approval Date: 07/05/2017

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