Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

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

5. Lease Serial No. NMNM59045

SUNDRY N	OTICES A	ND REPORTS	ON WELLS
Do not use this	form for pro	oposals to drill	or to re-enter an
handoned well	lise form 3	2160-3 (APD) fo	r such proposals

SUNDKI	141011410155045						
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			
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No. NMNM135900			
Type of Well Gas Well	8. Well Name and No. SL EAST 30 FEDERAL COM 2H						
Name of Operator COG OPERATING LLC	9. API Well No. 30-025-42524						
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748 540 BBS OCD		Field and Pool or Exploratory Area LUSK - BONE SPRING				
4. Location of Well (Footage, Sec., T.	MAY 0 8 2018 RECEIVED		11. County or Parish, State				
Sec 19 T19S R32E SESE 520 65.640021 N Lat, 103.798165			LEA COUNTY, NM				
12 CHECK THE AF	PROPRIATE BOX(ES)	TO INDICATE NATURI		REPORT OR OTH	HER DATA		
	TROTRITTE BOX(ES)			, ich oki, ok oli			
TYPE OF SUBMISSION	TYPE OF ACTION						
☐ Notice of Intent	☐ Acidize	□ Deepen	_	tion (Start/Resume)	☐ Water Shut-Off		
Subsequent Report Subsequent Re	☐ Alter Casing	☐ Hydraulic Fracturi			☐ Well Integrity		
	☐ Casing Repair	□ New Construction	_		☑ Other Site Facility Diagra m/Security Plan		
☐ Final Abandonment Notice	☐ Change Plans ☐ Convert to Injection	☐ Plug and Abandor ☐ Plug Back	☐ Tempo	rarily Abandon			
following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi	andonment Notices must be fil nal inspection.		cluding reclamation	APR 2 3	R RECORD 2018 LIE MANAGEMENT		
14. I hereby certify that the foregoing is	Electronic Submission #	386081 verified by the BLM	Well Informatio	n System			
	For COG Committed to AFMSS fo	OPERATING LLC, sent to t r processing by PRISCILLA	he Hobbs PEREZ on 10/2	5/2017 ()			
Name (Printed/Typed) AMANDA	Title AUT	Title AUTHORIZED REPRESENTATIVE					
Signature (Electronic S	ubmission)	Date 08/2	4/2017				
	THIS SPACE FO	OR FEDERAL OR STA	TE OFFICE U	SE			
_Approved By	Title			Date			
Conditions of approval, if any, are attached certify that the applicant holds legal or equivalent would entitle the applicant to condu							
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 **



