

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.*5. Lease Serial No.
NMNM116047

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SMALLS FEDERAL 2H2. Name of Operator
COG PRODUCTION LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com9. API Well No.
30-025-43064-00-X13a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-694010. Field and Pool or Exploratory Area
WC025G06S223421L-BONE SPRING

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 28 T25S R34E SWSE 190FSL 1980FEL

11. County or Parish, State

LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Required information for disposal water:

- 1) Name of formation producing water on lease: Parkway; Bone Spring ✓
- 2) Amount of water producing in barrels per day: 500 bwpd ✓
- 3) How water is stored on lease: 2-500 BBL Fiberglass tank ✓
- 4) How water is moved to disposal: Piped to nearest SWD System. ✓

5) Disposal Facility #1

- a) Facility Operator Name: Owl Water Logistics
- b) Name of facility or well name & number: Maralo Sholes B #2 (SWD-1127) ✓
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: Unit P, Sec 25-T25S-R36E

HOBBS OCD
SEP 13 2018

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #434223 verified by the BLM Well Information System
For COG PRODUCTION LLC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 09/07/2018 (18DLM0618SE)**

Name (Printed/Typed) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 09/07/2018

THIS SPACE FOR FEDERAL OR STATE OFFICIAL USE**ACCEPTED FOR RECORD**

Approved By

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

Office

SEP 10 2018

DMCKINNEY LIE
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #434223 that would not fit on the form

32. Additional remarks, continued

Disposal Facility #2

- a) Facility Operator Name: Owl Water Logistics ✓
- b) Name of facility or well name & number: West Jal B #1 (SWD 1601)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: Unit J Sec 17-T25S-R36E

Disposal Facility #3

- a) Facility Operator Name: Owl Water Logistics ✓
- b) Name of facility or well name & number: West Jal B Deep Well #1 (SWD 1482)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: Unit H Sec 17-T25S-R36E

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.

WATER DISPOSAL ONSHORE ORDER #7

The following information is needed before your method of water disposal can be considered for approval.

1. Name(s) of formation (s) producing water on the lease.

2. Amount of water produced from each formation in barrels per day.

3. A water analysis of produced water from each zone showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates.

4. How water is stored on the lease.

5. How water is moved to disposal facility.

6. Operator's of disposal facility
 - a. Lease name or well name and number _____
 - b. Location by $\frac{1}{4}$ $\frac{1}{4}$ Section, Township, and Range of the disposal system _____

 - c. The appropriate NMOCD permit number _____

