

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.  
NMNM121958

6. If different, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. DOMINATOR 25 FEDERAL COM 709H
2. Name of Operator COG OPERATING LLC		9. API Well No. 30-025-44717
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		10. Field and Pool or Exploratory Area WILDCAT/WOLFCAMP
3b. Phone No. (include area code) Ph: 575-748-6945		11. County or Parish, State LEA COUNTY, NM
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T25S R33E SESW 280FSL 2062FWL		

## 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 checked="" 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 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 recomplete 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 recompletion 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.

COG Operating LLC, respectfully requests approval for the following change  
NorAm 23 Flex Hose Variance

Flex Hose Variance:  
Attached

HOBBS OCD

SEP 13 2018

RECEIVED

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

14. I hereby certify that the foregoing is true and correct. Electronic Submission #431808 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by MUSTAFA HAQUE on 08/23/2018 ()	
Name (Printed/Typed) GENESIS G PEREZ- VASQUEZ	Title REGULATORY TECHNICIAN
Signature (Electronic Submission)	Date 08/17/2018

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>Mustafa Haque</u>	Title <u>Petroleum Engineer</u>	Date <u>8-27-2018</u>
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 <u>Carlsbad Field Office</u>

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 \*\* OPERATOR-SUBMITTED \*\*



GATES ENGINEERING &  
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600 Flato Rd.  
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United States of America  
T +1 361 885 3539  
E galeseands@gates.com  
W www.gates.com/oilfield

## TEST CERTIFICATE

### JOB DETAILS

JOB NO. GESNA-TSC-NOA 110717-1 TEST CERT NO. NOA 110717-1-3  
CUSTOMER Noram Drilling INS. REPORT NO. GESNA-TSC-110717-1-3  
CUSTOMER PO NO. 1613 TEST DATE 13-Nov-2017

### FHA DETAILS

FHA SERIAL NO. 60957 RF ID NO.  
MANUFACTURER Contitech DATE OF MANUFACTURE

HOSE DESCRIPTION 4" X 50FT CONTITECH CHOKE AND KILL 10K

MAX WP	10000 PSI	OEM STANDARD	1.50 x's WP for 60 min hold
TEST PRESSURE	15000 PSI	OBSERVATIONS	N/A
PRESSURE TEST	PASS	OTHER REMARKS	N/A
DURATION	60 MINS	OTHER REMARKS	N/A
TEST MEDIUM	Water	WITNESS SIGNATURE	

GATES TEST TECH. R.McCants

GATES QHSE

IRENE PIZANA

GATES TECH SIGNATURE

GATES QHSE SIGNATURE

DATE 13-NOV-17

DATE

13-NOV-17

Appendices (amended as required):

Chart Record

Calibration Cert - Digital Chart Recorder Serial No. - 259967

Calibration Date: 22 Aug, 2017

Calibration Due Date: 22 Aug, 2018

### Appendix 1 (Insert Test Chart Here)

The purchase and sale of all goods and services hereunder is subject exclusively to the Gates Standard Terms and Conditions of Sale found at [www.gates.com/termsandconditions](http://www.gates.com/termsandconditions). Any reports or certifications provided by Gates ESS are valid only as of the date given, and do not constitute a warranty or guarantee related to the future performance of the equipment inspected. Any such warranty or guarantee is expressly disclaimed. The total liability of Gates ESS is limited to direct damages to an amount not to exceed the price paid to Gates ESS pursuant to the order under which liability arises. Customer agrees to defend and indemnify Gates ESS against all claims, damages, losses and costs (including reasonable attorney fees) arising out of the purchase, sale or use of the goods or services provided.

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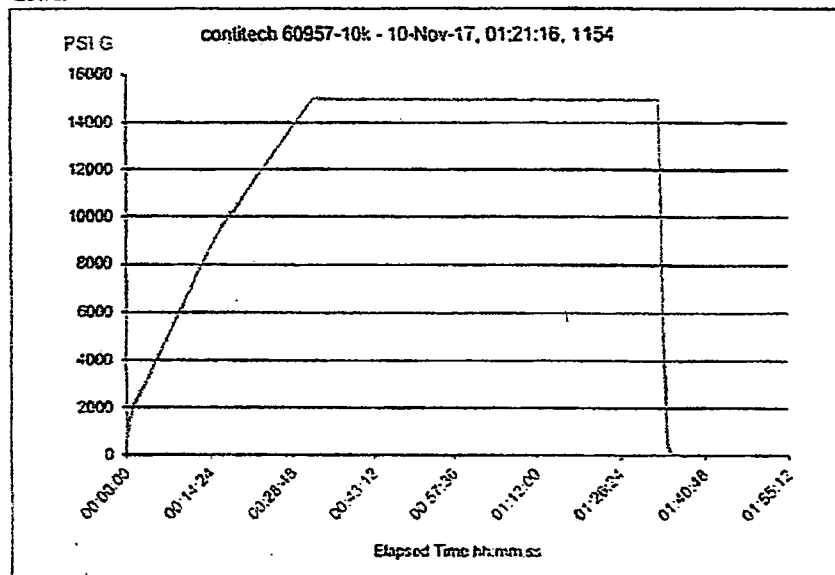
W www.gates.com/oilfield

## TEST CERTIFICATE

### Data Collection Report

	Chassis	Left Scale	Right Scale
Serial Number	259967	257821	
Datatype		Lower	
Units		PSI G	

Lower



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# PECOS DISTRICT

## DRILLING CONDITIONS OF APPROVAL

OPERATOR'S NAME:	COG Operating LLC
LEASE NO.:	NM121958
WELL NAME & NO.:	709H – Dominator 25 Federal Com
SURFACE HOLE FOOTAGE:	280'/S & 2062'/W
BOTTOM HOLE FOOTAGE:	200'/N & 2000'/W
LOCATION:	Section 25, T. 25 S., R. 33 E.
COUNTY:	Lea County, New Mexico

Potash	<input checked="" type="radio"/> None	<input type="radio"/> Secretary	<input type="radio"/> R-111-P
Cave/Karst Potential	<input checked="" type="radio"/> Low	<input type="radio"/> Medium	<input type="radio"/> High
Variance	<input type="radio"/> None	<input checked="" type="radio"/> Flex Hose	<input type="radio"/> Other
Wellhead	<input checked="" type="radio"/> Conventional	<input type="radio"/> Multibowl	
Other	<input type="checkbox"/> 4 String Area	<input type="checkbox"/> Capitan Reef	<input type="checkbox"/> WIPP

**All previous COAs still apply except for the following:**

### **A. PRESSURE CONTROL**

1. Variance approved to use flex line from BOP to choke manifold. Manufacturer's specification to be readily available. No external damage to flex line. Flex line to be installed as straight as possible (no hard bends).

**MHH 08272018**

## GENERAL REQUIREMENTS

The BLM is to be notified in advance for a representative to witness:

- a. Spudding well (minimum of 24 hours)
- b. Setting and/or Cementing of all casing strings (minimum of 4 hours)
- c. BOPE tests (minimum of 4 hours)

☒ Chaves and Roosevelt Counties

Call the Roswell Field Office, 2909 West Second St., Roswell NM 88201.

During office hours call (575) 627-0272.

After office hours call (575)

☒ Eddy County

Call the Carlsbad Field Office, 620 East Greene St., Carlsbad, NM 88220,  
(575) 361-2822

☒ Lea County

Call the Hobbs Field Station, 414 West Taylor, Hobbs NM 88240, (575)  
393-3612

### A. PRESSURE CONTROL

1. All blowout preventer (BOP) and related equipment (BOPE) shall comply with well control requirements as described in Onshore Oil and Gas Order No. 2 and API RP 53 Sec. 17.
2. If a variance is approved for a flexible hose to be installed from the BOP to the choke manifold, the following requirements apply: Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review. These documents shall be posted in the company man's trailer and on the rig floor.