SUNDRY NOTICES AND REPORT ON WELLS Do not use this form for proposals to drill of user bis form for proposals to drill of user bis form for proposals to drill of user bis form for proposals. Field Office of Tribe Name <ul> <li>SUBMIT IN TRIPLICATE - Other instructions on page BBS OF P</li> <li>If Unit or CA/Agreement, Name and/or No.</li> </ul> <ul> <li>SUBMIT IN TRIPLICATE - Other instructions on page BBS OF P</li> <li>If Unit or CA/Agreement, Name and/or No.</li> <li>SUBMIT IN TRIPLICATE - Other instructions on page BBS OF P</li> <li>If Unit or CA/Agreement, Name and/or No.</li> <li>Sec P 1 3 2018</li> </ul> <li>Address         <ul> <li>Address</li> <li>COS PRODUCTION LLC</li> <li>E-Mail: aavery@concho.com</li> <li>Ph: 575-748-6940</li> <li>Field and Pool or Exploratory Area WC025G06S253201M-UPPER BO</li> <li>Field and Pool or Exploratory Area WC025G06S253201M-UPPER BO</li> </ul> </li> <li>Lease Serial NO., No. (Inditional activation of Well (Footage, Sec., T., R. M., or Survey Description)</li> <li>Lease Serial NO.</li> <li>Lease Serial NO.</li> <li>Check THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA</li> <li>TYPE OF SUBMISSION TYPE OF ACTION</li>	Form 3760-5 (June 2015) UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT				FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018	
SUBMIT IN TRIPLICATE - Other instructions on POBLS OCH         1: Type of Well       0: Now of Case Well _ Other         2: Name of Poentor       Context: AMANDA AVERY         2: Name of Poentor       Context: AMANDA AVERY         2: Name of Poentor       E-Mail: #arry@context.com         3: Advers:       Processor         2: Advers:       Processor         3: Advers:       Processor         2: Advers:       Processor         2: Advers:       Processor         3: Advers:       Processor         2: Advers:       Processor         3: Adve	SUNDRY NOTICES AND REPORT ON WELLS				5. Lease Serial No. NMNM120908	
SUBMIT IN TRIPLICATE - Other Instructions on Colspan="2">I : If Unit or CAAgreement, Name and/or No.            1. Type of Well	Do not use thi abandoned wel	s form for proposals to I.  Use form 3160-3 (API	drill of to re and the fill of to re and the fill of to read the fill of the f	rield O	TTEE Allottee	or Tribe Name
SEP 1 & 2018         AZORES PEDERAL 91           2. Name of Dynamic         Consist: AMANDA AVERY         3-042547369-00-51           3. Address         3-042547369-00-51         3-042647369-00-51           3. Address         Bit Proves Not medication of Well (Provide, Sec. T. R. M. or Survey Description)         10. Field and Post Expendency Azor           4. Location of Well (Provide, Sec. T. R. M. or Survey Description)         11. County or Parala, State         12. County or Parala, State           2. 2017 Control LLC         Bit Proves Noting Control LLC         11. County or Parala, State           3. 2018 W MAIN STREET         Bit Proves Noting Control LLC         11. County or Parala, State           3. 2018 W MAIN STREET         Bit Provide Noting Control LLC         11. County or Parala, State           3. 2018 W MAIN STREET         Bit Provide Noting Control LLC         12. Control Notice           3. 2018 W MAIN STREET         Bottice of Notice Notice         Provide Notice Notice Notice Notice Control LLC         11. County or Parala, State           3. 2018 W MAIN STREET         Bottice Notice Notingeno Notice Notice Notice Notingeno Notice Notice N					7. If Unit or CA/Agreement, Name and/or No.	
COG PRODUCTION LLC       E-Mail: asker/g00condition       30-025-437359-00-51         32 Address       ID: Field and Yood Eryphenitry Area       WC0250065263201M-UPPER BC         41. Location of Wall       (Proceedings, Sc. T. R. M. or Surrey Description)       10. Field and Yood Eryphenitry Area         42. Location of Wall       (Procesting) Constraints, State       LEA COUNTY, NM         53. 2017       Number of Proceedings, Sc. T. R. M. or Surrey Description)       11. County or Parels, State         54. 2017       Number of Proceedings, Sc. T. R. M. or Surrey Description)       11. County or Parels, State         54. 2017       Number of Proceedings, Sc. T. R. M. or Surrey Description)       11. County or Parels, State         52. 10. 11. County or Parels, State       LEA COUNTY, NM       LEA COUNTY, NM         52. 10. 11. County or Parels, State       Despen       Production (Statr/Resume)       Water Shur-Off         55. Stategoard Report       Chaing Parel       Production (Statr/Resume)       Well Information       Well Information         13. Describe Proposed or Complete Decrosonally, eve substrate locations and measured and tree wereal depth solution       Production (Statr/Resume)       Dotter         13. Describe Proposed or Complete Decrosonally, eve substrate locations and measured and tree wereal depth while while 30 day       Dotter       Dotter         14. I beredy certify that the foregoing is true and correct.	1. Type of Well					
3a. Address       3b. Phone No. (ing Different 2000)       10. Fedda and Pool or Exploratory Area         2206 W MAIN STREET       Ph.: 575-746.640       10. Fedda and Pool or Exploratory Area         3b. Address       2208 W MAIN STREET       Ph.: 575-746.640         4. Location of Well (Process, Sec. T. R. M. or Survey Decorption)       11. County or Parish, State         21. CALL AND B8210       11. County or Parish, State         22.08 W MAIN STREET       Ph.: 575-746.640         32.181717 N Lat, 103.703755 W Lon       11. County or Parish, State         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Ph.: Casing         B. Notice of Intent       Addizz         B. Notice of Intent       Addizz         B. Subsequent Report       Casing Repair         Charge Plans       Plug and Abandon         Charge Plans       Plug and Abandon         Charge Plans       Plug and Abandon         13. Describe Propoed or Completed Operation (Clarky taste all prediction (data), liceliding estimated starting date of any proport and data does         14. Describe Thypeod or Completed Operation (Clarky taste all prediction y abine all requirements, insbeding reclamation, insbed and the operator state of the operation or state of the operation state of the operation or state of the operation state of the operation or state of the operation state of the operation is and the						
Sec 29 T24S R32E SWSW 210FSL 460FWL       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subsequent Report       Acidize       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         Title proposal is to depen directionally or recomplete horizontally give substruction and measured and the dependence of the molyne work and approximate duration thereof.       Defendence of any proposal work and approximate duration thereof.         13. Describe Proposed or Complete Operation: Clurby state 11 pertinemed details, including extinated starting due of any proposal work and approximate duration thereof.       Defendence of any proposal work and approximate duration thereof.         14. It proposal is to depen directionality attend approximate duration thereof.       The operation: Clurby state 11 pertinemed etails, including extinued starting due of any proposal work and approximate duration thereof.         13. Describe Proposal or Completion.       The operation: Club is the of the analysis on a multiple completion or provide work all pertinemed approximate the field work and approximate duration thereof.         14. Thereby certify that the foregoing is true and correct.       Electronic Stubmission #326643 worlfied by the BLM Well Information System For COS PROUCTION (LC, sent to the hobbes measure duration the obsect measure duration the obsect measure duration thobbes measure duration the obsect measure durating the op	2208 W MAIN STREET	3b. Phone No. (include area c	bde)	10. Field and Pool or Exploratory Area WC025G06S253201M-UPPER BON		
32.181717 N Lat, 103.703735 W Lon         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Image: Complete	4. Location of Well (Footage, Sec., T.	)	diam d tata	11. County or Parish,	State	
TYPE OF SUBMISSION       TYPE OF ACTION         Stabsequent Report <ul> <li>Alter Casing</li> <li>Hydraulic Fracturing</li> <li>Reclamation</li> <li>Well Integrity</li> <li>Casing Repair</li> <li>New Construction</li> <li>Recomplete</li> <li>Other</li> <li>Dilling Operation</li> </ul> 13. Describe Proposed or Completed Operation: Clearly state all performed on provide the Book         Water Disposal           13. Describe Proposed or Completed Operation: Clearly state all performed on provide the Book and the State and performed on provide the Book No. on file with BLMBIA. Required subsequent reports must be filed within 30 days. following performed the work will be performed on provide the Book No. on file with BLMBIA. Required subsequent reports must be filed within 30 days. following performed the work will be performed on provide the Book No. on file with BLMBIA. Required subsequent reports must be filed within 30 days. following performed the work will be performed on provide the Book No. on file with BLMBIA. Required subsequent reports must be filed within 30 days. following performed for must be filed only after all requirements, including reclamation, have been completed and the operator has determined that be site s ranks for final mapercion. <li>Puling as fift valves, pkr, and tbg</li> <li>Set CIBP at 2 65007</li> <li>Port at 7 57007</li> <li>Port at 7 40807</li> <li>Run CBL</li> <li>Drill out CIBP</li> <li>I. I hereby certify that the foregoing is true and correct.</li> <li>Electronic Submission #430643 verified by the BLM Well Information System For COG PRODUCTION LLC, serif to the Hobbs</li> <li>Committed to AFMSS for processing by DEBOAM MCKINKE</li>				LEA COUNTY, NM		
Solution of Intent     Acidize     Deepen     Production (Start/Resume)     Water Shut-Off     Alter Casing Repair     Alter Casing Plans     Deepen     Plug and Abandon     Recalamation     Well Integrity     Soluter     Deriver to Injection     Plug Back     Water Disposal     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band Mon     Deriver to Injection     Plug Back     Water Disposal     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band No     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band No     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band No     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band No     Describe Proposed or Completed Operator Clearly attac all performed or provide the Band No     Describe Proposed or Completed Depth or Thermoniant Bandonn     Describe Proposed or Completed Depth or Thermoniant Motion     Soluter That the Bond mader which the work will be performed or provide the Band No     Describe Proposed or Completed Depth or Thermoniant Motion     Soluter That the Bond mader which the work will be performed or provide the Band No     Describe Proposed or Completed Depth or Thermoniant Motion     Soluter Provide Operator No	12. CHECK THE AP	PROPRIATE BOX(ES)	TO INDICATE NATURI	E OF NOTICE	, REPORT, OR OTI	IER DATA
Notice of Intent Notice Notice of Intent Notice Number Notice Number Notice Number Nu	TYPE OF SUBMISSION	TYPE OF ACTION				
Subsequent Report   Casing Repair New Construction Reclamation   Rescription Casing Repair New Construction Reclamation   Convert to Injection Plug and Abandon Temporarily Abandon   Convert to Injection Plug Back Water Disposal   Water Disposal   I3. Describe Proposed or Completed Operation: Clearly state all periorent details, including estimated stating date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or complete borthormality, give subscriptice locations and measured and true vertical depths of all direction and your complete borthormality. Give subscriptic locations and measured and true vertical depths of all direction and your state and zone.   Atten the Bond under which the work will be performed or provide the Bond No. on file work in 30 days   If the proposal or Completion.   Pull gas lift valves, pkr, and thg   Set CIBP at 7 65007   Purp erf at 7 57007   Purp erf at 7 76007   Perf at 7 76007   Perf at 7 76007   Perf at 7 76007   Perf at 7 76007   Purp erf at 7 40607   Run cells   Run CBL   Burice Construction of Completion.   Pull gas lift walves, pkr, and thg   Burice Construction of Completion.   Pull gas lift valves, pkr, and thg   Burice Construction of Completion.   Pull gas lift valves, pkr, and thg   Burice Construction of Completion.   Pull gas lift valves, pkr, and the set at 7 55707   Purp erf at 7 50007   Port at 7 50007   R	S Notice of Intent	Acidize	Deepen	Produc	tion (Start/Resume)	UWater Shut-Off
Casing stepan     Casing stepan     Convert to Injection     Conve	_	Alter Casing	🗖 Hydraulic Fracturi	ng 🔲 Reclam	mation 🖸 Well Integrity	
Charace Prans Proved By Charace Prans Proved By Convert to Injection Prove and Abandon Prove and Prove an	Subsequent Report	Casing Repair	New Construction	🗖 Recom	plete	
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 will BL/MBIA. Required and the 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 will BL/MBIA. Required and the vertical depths of all pertinent markers and zones. Attach the Bend under which the work will be performed or provide the Bond No. on file will BL/MBIA. Required and the vertical depths of all pertinent markers and zones. Attach the bend under which the work will be performed or provide the Bond No. on file will BL/MBIA. Required and the subsequent Proposed and the operator has determined that the site is ready for final inspection. Remediation of completion. Pull gas lift valves, pkr, and tbg Set CIBP at 7 6500? Perf at 7 40807 Run comment relainer set at 2 5570? Purp 2 465 sx class C WOC O'''' Difli out cmt, test csg to 500 psi Run CBL Drill out CIBP         14. I hereby certify that the foregoing is true and correct. Electronic Submission #430643 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/16/2018 (18DLM0517SE) Name (Printed Typed) AMANDA AVERY Signature (Electronic Submission)         14. THIS SPACE FOR FEDERAL OF MCKINNEY on 08/16/2018 (18DLM0517SE) Title       Auge 1 6 2018 /s/         Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant hobds legal orequitable title to those rights in	Final Abandonment Notice	Change Plans	Plug and Abandon	🗖 Tempo	rarily Abandon	Drilling Operations
If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and rue vertical depths of all pertinent markers and zones. Attach the Bond under while be provide the Bond No. on file with BLM/BLA. Required subsequent propers must be filed with 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. Remediation of completion. Pull gas lift valves, pkr, and tbg Set CIBP at ? 6500? Perf at ? 5500? Purm ?? 465 sx class C WOC Drill out cmt, test csg to 500 psi Run CBL Drill out CIBP  14. I hereby certify that the foregoing is true and correct. Electronic Submission #430643 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 08/16/2018 (18DLM0517SE) Name(Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Signature (Electronic Submission) Date 08/09/2018 THIS SPACE FOR FEDERAL OF ACTION FEDERECORD AUG 1 & 2018 /si Jonathon Shep /si Location sof 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 less /si Jonathon Shep /si Location sof approval, if any, are attached. Approval of this outie does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject less /si Jonathon Shep /si Locations of raudolene takenements or representations as to any matter within the <u>juristic taken to the reposing</u> /si Locations of raudolene takenements or representations	· · · · ·	Convert to Injection	Plug Back	🗋 Water 1	Disposal	
Electronic Submission #30643 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by DEBCAH MCKINNEY on 08/16/2018 (18DLM0517SE)         Name (Printed/Typed)       AMANDA AVERY         Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)         Date       08/09/2018         This Space FOR FEDERAL OF Store Federation 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.         Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowing the ALD SDAD FIELD OF FLORE and the partice of faudulent statements or representations as to any matter within its jurisdicted ALSDAD FIELD OF FLORE and the United State any false, fictitious or fraudulent statements or representations as to any matter within its jurisdicted ALSDAD FIELD OF FLORE and the ALD OF FLORE and the partment or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdicted ALSDAD FIELD OF FLORE and the ALD OF FLORE and	Pull gas lift valves, pkr, and the Set CIBP at ? 6500? Perf at ? 5700? Purp at ? 4080? Run cement retainer set at ? 5 Pump ? 465 sx class C WOC Drill out cmt, test csg to 500 pe Run CBL	570?			•	· · ·
Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       08/09/2018         THIS SPACE FOR FEDERAL O AUG TEO FEDE	14. I berefy certify that the foregoing is	Electronic Submission #	RODUCTION LLC, sent to	the Hobbs	-	· · · ·
THIS SPACE FOR FEDERAL OF STEPSTEP FOR STEPSTEPSTEP FOR STEPSTEP FOR STEPSTEP FOR STEPSTEP FOR STEPSTEP FOR S		FOLCOGE		EY on 08/16/201	8 (18DLM0517SE)	
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Approved By	Commi Name (Printed/Typed) AMANDA	tted to AFMSS for process AVERY	Title AUT	HORIZED REI	PRESENTATIVE	
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 Offi	Commi Name (Printed/Typed) AMANDA	tted to AFMSS for process AVERY hubmission)	Title AUT Date 08/0	HORIZED REI 9/2018		<u></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 Offi	Commi Name (Printed/Typed) AMANDA Signature (Electronic S	tted to AFMSS for process AVERY hubmission)	Title AUT Date 08/0 DR FEDERAL O	HORIZED REI 9/2018		
(Instructions on page 2)	Commi Name (Printed/Typed) AMANDA Signature (Electronic S 	tted to AFMSS for process AVERY (ubmission) THIS SPACE FC	Title AUT Date 08/0 DR FEDERAL O		RECORD 2018	
(Instructions on page 2)	Commi Name (Printed/Typed) AMANDA Signature (Electronic S 	tted to AFMSS for process AVERY ubmission) THIS SPACE FC	Title AUT Date 08/0 DR FEDERAL O	HORIZED REI 9/2018 EPOEDEC	BRECORD 2018 /s/ µc	onathon Shep
	Commi Name (Printed/Typed) AMANDA Signature (Electronic S 	tted to AFMSS for process AVERY ubmission) THIS SPACE FC	Title AUT Date 08/0 DR FEDERAL O	HORIZED REI 9/2018 EPOEDEC	BRECORD 2018 /s/ µc	onathon Shep

## Additional data for EC transaction #430643 that would not fit on the form

## 32. Additional remarks, continued

Re-run pkr and gas lift valves

Will submit subsequent sundry when the work is completed.