.ITED STATES DEPAR1 MENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

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

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

HOBBS OF Dase Serial No. NMNM88163

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

MAR 1 1 20

. If Indian, Allottee or Tribe Name

		9 4		EE C-2		
1. Type of Well				8. Well Name and No. AVION FEDERAL 301H		
2. Name of Operator Contact: AMANDA AVERY						
2. Name of Operator COG OPERATING LLC	E-Mail: aavery@concho.com	9. API Well No. 30-025-44736-00-X1				
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287 3b. Phone No. (include area code) Ph: 575-748-6940				10. Field and Pool or Exploratory Area WC025G06S223421L-BONE SPRING		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 22 T23S R32E NENE 480FNL 330FEL 32.296093 N Lat, 103.655029 W Lon				LEA COUNTY, NM		
12. CHECK THE AI	PPROPRIATE BOX(ES) TO INDIC	CATE NATURE	OF NOTICE	, REPORT, OR OTI	HER DATA	
TYPE OF SUBMISSION						
Notice of Intent	☐ Acidize ☐ I	Deepen	☐ Produc	☐ Production (Start/Resume)		Shut-Off
	☐ Alter Casing ☐ F	Hydraulic Fracturin	g 🔲 Reclam	☐ Reclamation		■ Well Integrity
☐ Subsequent Report	☐ Casing Repair ☐ N	New Construction	☐ Recom	plete	Other	
☐ Final Abandonment Notice	☐ Change Plans ☐ F	Plug and Abandon	☐ Tempo	rarily Abandon		
:	☐ Convert to Injection ☐ I	Plug Back	■ Water Disposal			
Required information for disposal water: 1) Name of formation producing water on lease: 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: Mesquite SWD Inc. b) Name of facility or well name & number: Mesa Verde SWD #3 (SWD-1696A) c) Type of facility or well: WDW d) Location by 1/4,1/4, Sec, T & R: SESW, Sec 13-T24S-R31E						
14. I hereby certify that the foregoing is true and correct. Electronic Submission #454651 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PAMELLA HERNANDEZ on 02/14/2019 (19PGH0001SE)						
Name (Printed/Typed) AMANDA	AVERY	Title AUT	PRZEUR	RESENTATIVE		
]	HUUEFIE	D FUR RECU	עטן	
Signature (Electronic S	Submission)	Date 02/14	/2019			
THIS SPACE FOR FEDERAL OR STATE OFFICE ANSE. 6 2019						
Approved By Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conductive the applicant to conduct the applicant the applicant to conduct the applicant the	e Office		BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE d willfully to make to any department or agency of the United			
States any false fictitions or fraudulent	statements or representations as to any matte	r within its inrisdiction	ana wiiiiuiiy to iii on.	une to any department of	agency of the	J.mou

(Instructions on page 2) ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED

Additional data for EC transaction #454651 that would not fit on the form

32. Additional remarks, continued

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.

FIG.