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 Submit an Allottee or Tribe Name SUBMIT IN TRIPLICATE - Other instructions on page 2 MAR 11 209 If Unit or CA/Agreement, Name and/or N MAR 11 209 If Unit or CA/Agreement, Name and/or N I. Type of Well Gas Well Other MAR 11 209 I. Type of Well Gas Well Other State and No. I. Type of Well Gas Well Other State and No. I. Type of Well Gas Well Other State and No. I. Type of Well If Unit or CA/Agreement, Name and/or N I. Type of Well Gas Well Other State and No. I. Type of Well Gas Well Other State and No. I. Code OPERATING LLC E-Mail: aavery@concho.com 9. API Well No. Indian, Allottee of Exploratory Area WILLOAT; WOLFCAMP MIDLAND, TX 79701-4287 It. County or Parish, State I. Coation of Well (Footage, Sec., T., R., M., or Survey Description) It. County or Parish, State Sec 25 T24S R34E SWSE 360FSL 1980FEL It. County or Parish, State LEA COUNTY, NM 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPO	R	UNITED STATES PARTMENT OF THE INT UREAU OF LAND MANAGE		OMB N Expires: J	APPROVED 10. 1004-0137 1anuary 31, 2018
SUBMIT IN TRIPLICATE - Other Instructions on page 2 ARE 11: 2419 If Unit or CAApreement, Name and/or N O UNE Gas Well Gas Well Other I. Tope of Well Gas Well Other O OPECATING LLC E-Asia: answerg@confo.com O D Field and point Exploratory Ara WILLCAT. Y 79701-4287 L Caation of Well (Folonge, & F. R. M. or Surrey D Excryption) L Caation of Well (Folonge, & F. R. M. or Surrey D Excryption) See 25 T245 R24E SWISE 260FSL 1800FEL 32.182083 N Lat, 103.421593 W Lon 12. CHECK THE APROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION I Prior of Competed Operation: Cleany and any operation Subsequent Report C Casing Repair Asia: Begin de Casing Repair Asia: Begin de Casing Repair Asia: Begin de Casing Repair Competition of Campeted Operation: Cleany statis and pretoined Health, including estimated stating date of any proposed work and approximate duration there the priorability of the completion of Later Resume) O Used To Subsequent Report Competition of Later Resume D Casing Repair D Asia: Repoir D Asia: Repoir Competition of Later Resume D Asia: Repoir D Asia: Rep				5. Lease Serial No. NMNM123530	
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1. Type of Well 3. Other of Operator Consect: AMANDA AVERY COG OPERATING LLC E-Mail avery@confo.com 3. Addres COG OPERATING LLC E-Mail avery@confo.com 3. Outpet AFAING LLC Consect: AMANDA AVERY COG OPERATING LLC E-Mail avery@confo.com 3. Outpet AFAING LLC 4. Details avery@confo.com 4. Details av			ctions on page 2	If Unit or CA/Agree	ement, Name and/or No
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COG OPERATING LLC E-Mail: average@conditio.com CORN OPERATING LLC B-Prove No. (include area code) Prove State and Prove			R	ECEN ELACINTO FEDE	RAL COM 40H
ONE CONCHO CENTER 600 WILLINOIS AVENUE Ph: 575-748-6940 WILDCAT;WOLFCAMP ^C 4 Location of Well (Floorage, Sec. 7, R. M. or Survey Description) 11. County or Parish, State Sec 25 724 State SWSE 360FSL 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 B Notice of Intent Acidize Deepen Subsequent Report Casing Repair New Construction Construction Recomplete Other B Notice of Intent Casing Repair New Construction Recomplete Construction Change Plans Plug and Abandon Temporarity Abandon B Notice of Intent Change Plans Plug and Abandon Temporarity Abandon B Toropositis to dereph directionally or recomplete Propositis to dereph directionality or recomplete plans and zone completion of the involved operations. If the operations results in a multiple completion or recompletion in a new interval, a Form 316/4 must be filed ony atter all requirements, including relamation, have been completed and the operator bas determined that the site is mady for final impection. 13. Describe Propositis to dereph directionality or recompletion results in a multiple completion or recompletion in a new interval, a Form 316/4 must be filed ony atter all requirements, including rel	COG OPERATING LLC	E-Mail: aavery@cond	cho.com	30-025-44152-	00-X1
Sec 25 T24S R34E SWSE 360FSL 1980FEL 32.182083 N Lat, 103.421593 W Lon 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF SUBMISSION Subsequent Report Subsequent Report Change Plans Date The proposed or Completed Operation. Charty state II pertinent details, including estimated starting date of any proposed work and approximate duration therein 13. Describe Proposed or Completed Operation. Charty state II pertinent details, including estimated starting date of any proposed work and approximate duration therein 13. Describe Proposed or Completed Operation. Charty state II pertinent details, including estimated starting date of any proposed work and approximate duration therein 13. Describe Proposed or Completed Operation. Charty state II pertinent details, including estimated starting date of any proposed work and approximate duration there is the transman of the involved operation. State is in any liter on the involved operation. State is in any liter on the involved operation. State is in any liter on the involved operation. State is in any liter on the involved operation. There peries is now of the involved operation. State is in any liter on the involved operation. There peries is involved in particle in visco in the involved operation. State is ready to the information of regions and insect on the involved operation. There peries is noved to insposal. Prove it the information of regions and its peries is noved to insposal. Prove it is period in a new interval. A form 3160-4 must be filed domote is novel disposal. Pr	ONE CONCHO CENTER 60			10. Field and Pool or WILDCAT;WO	Exploratory Area
		C, R., M., or Survey Description)	· · · · · · · · · · · · · · · · · · ·	11. County or Parish	, State
TYPE OF SUBMISSION TYPE OF ACTION Subsequent Report Subsequent Report Gasing Repair Casing Repair Recurred Information Protocing Work and approximate duration there the proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there the proposed is to deepen directionally give subsequence to any the proposed work and perturbed and the operator has determined worked operators. 13. Describe Proposed or Completed Operators Now to Control line period matching the operator nearly is a nanitable file dong water () Name of facility or wells () Name of facility or wells Now to Control is a new interval. A Form 310-60 Sholes B 42 (SWD-1127) () Type of facility or wells Now to Control on a facility #2 () Facolity or wells Now to the flobes				LEA COUNTY,	NM
Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-O Subsequent Report Casing Repair New Construction Recomplete Other Final Abandonment Notice Canage Plans Plug and Abandon Temporarily Abandon Its proposed or Completed Operation: Clearly state all pertinent details, including estimated stating date of any proposed work and approximate duration there: Water Disposal 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated stating date of any proposed work and approximate duration there: Water Disposal 14. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated stating date of any proposed work and approximate duration there: Notice of function 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 tasking has been completed. Required information for disposal water: Name of formation producing water on lease: Bone Spring 1) Name of formation producing water on lease: Bone Spring 2) Amount of water producing in barres and zome Stol Do bypd 3) How water is stored on lease: Name Sholes B #2 (SWD-1127)/ 6) Disposal Facility #1 a) Facility or well name & number: 14. I hereby certify that the foregoing is true and correct. Electronic Submission Def OPERTATING LLC: sent to the Hobbs Committed to AFMSS for processing by DEBO PAH MCKINNEY on 01/23/2019 (19DLM0207SE) Name (Printed7)ped) AMANDA AVERY 14. I hereby certify that the foregoing	12. CHECK THE AI	PPROPRIATE BOX(ES) T	O INDICATE NATURE OI	F NOTICE, REPORT, OR OT	HER DATA
B Notice of Intent Alter Casing Hydraulic Fracturing Reclamation Well Integrity Casing Repair New Construction Recomplete Other Final Abandonment Notice Change Plans Plug and Abandon Temporarily Abandon Convert to Injection Plug Back Water Disposal Other 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there of the proposal is to deepen directionally or ecomplete horizontally, give subsurface locations and mesured and true vertical depths of all pertinent markers and zone whereau, a Form 3160 4 mark be filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the state of the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirements, including retinanation, have been completed and the operator has the filed only after all requirectinant of the asset. Soon Ball, Filed Filed SWD, S	TYPE OF SUBMISSION		TYPE OF	ACTION	
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For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by DEBO RAH MCKINNEY on 01/23/2019 (19DLM0207SE) Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Signature (Electronic Submission) Date 01/23/2019 (19DLM0207SE) Signature (Electronic Submission) Date 01/22/19 THIS SPACE FOR FEDERAL OR STATE OFFICE USE FCB = 7 - 2019 Approved By Title Approved By 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. BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE Date 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	If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involved testing has been completed. Final A	ally or recomplete horizontally, giv rk will be performed or provide the d operations. If the operation result bandonment Notices must be filed	ve subsurface locations and measure e Bond No. on file with BLM/BIA ts in a multiple completion or reco	red and true vertical depths of all perti- Required subsequent reports must b mpletion in a new interval, a Form 31	inent markers and zones e filed within 30 days 60-4 must be filed once
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Additional data for EC transaction #450978 that would not fit on the form

32. Additional remarks, continued

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
e) Facility Operator Name: BC&D Operating Inc
f) Name of facility or well name & number: West Jal B Deep Well #1 (SWD 1482)
g) Type of facility or well: WDW
h) 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.

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