BUREAU OF LAND MANAGEN Net LSOCD Hob Simming J Lease Serial No. SUDDRY NOTICES AND REPORTS ON WELLSOCD Hob Simming J Lease Serial No. SUBMIT IN TRIPLICATE - Other instructions on page 2 SUBMIT IN TRIPLICATE - Other instructions on page 2 O If Indian, Allottee or Tribe Name SUBMIT IN TRIPLICATE - Other instructions on page 2 O I If Unit or CA/Agreement, Name and/or No NMNM138694 1. Type of Well Gas Well Other Submit in TRIPLICATE - Other instructions on page 2 D I If Unit or CA/Agreement, Name and/or No NMNM138694 2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY D D	Form 3160-5 (June 2015) D	UNITED STATES EPARTMENT OF THE INTE	^{RIG} arlshad	Field Offi	FORM AF	1004-0137
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	2. Name of Operator	Contact: AMA	NDA AVERY	30-02	ell No. 5-44747-00-	X1
4. Learding of Well (Poolage, Sec. T. R. M. or Survey Description) Sec 25 T2SS R33E SWSW 280FSL B92FVL 32.09502 N Lat, 103.531715 W Lon 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION 13. Describe Approved of Completed Operation: Charge Plans Compared to Alter Casing Plug and Abandon 14. Intercompared to Alter Casing Plug and Abandon 14. Charge Plans 15. Describe Proposed or Completed Operation: Charge state all pertinent details, including estimated stating date of any progosed with and apportant matcher and appendix to the production of the operation to include the operator is a different of the operation is a multiple completion or recompleted in the brow and apportant matcher and appendix to the operator is a state all pertinent details, including estimated stating date of any progosed with and apportant matcher and appendix to the operator is a multiple completion or recompletion of the involved operations. Util operation: Clearly state all pertinent details, including reclamation, have been completed and the operator is a multiple completion or neuropeton. If the operation is a test of the one operator is a multiple completion or recompleted and the operator is a state all pertinent details. Including reclamation, have been completed and the operator is a multiple completion or recompletion or is a state of the operator is a state of the operator is a multiple completion or recompletion or the operator is a state of the operator is a multiple completion or recompletion and the operator is a state of the operator is a multiple completion or recompletion or recomp	ONE CONCHO CENTER 6	00 W ILLINOIS AVENUE Ph	Phone No. (include area code)			
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TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Acidize Deepen Production (Start/Resume) Water Shut-Off Subsequent Report Casing Repair New Construction Recomplete Other Hydraulic Fracturing Recomplete Other Hydraulic Fracturing Recomplete Other Hydraulic Fracturing Notice of Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof There propaga and unw vertical depth of all pertinent and station thereof 13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any propaga with the work will be performed or provide the Bood No. on file with BLMBIA. Required subsequent reports must be filed with 30 days 13. Describe Toposed or Completed Operation: The describe on recomplete on recompleted and the with the work will be performed or provide the filed only after all requirements, including reclamation, have been completed and the operation relation the operation of the invide operation of the invide operation. The operation of the invide operation of the operation operation. The operation operatin the operation operating operation. T				LEA C	OUNTY, NI	М
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Convert to Injection Phy Back Water Disposal Convert and Phy Phy Back Phy	☐ Final Abandonment Notice		-		don	Hydraulic Fracture
If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and the vertical depths of all pertinent markers and zones. Attach the Boon under which the work will be performed or provide the Bond No. on file with BLMBIA. Required subsequent reports must be filed once testing has been completed. That Abandomment Notices must be filed only after all requirements, including reclamation, have been completed and the operation results filed with so days following completion of the involved operations. If the operation results is in a willing to completion on recompletion in a new interval, a Form 3160-4 must be filed once testing has been completed. The operation results filed with a days and the operator has determined that the site is ready for final inspection. 11/17/18 to 12/17/18 perf 12,784-17,245 (800). Acdz w/ 38178 gal 7 1/2%; frac w/ 9,002,352# sand & 7,421,778 gal fuid. 12/719 to 12/17/19 D Drilled out CFP's. Clean down to PBTD @17,270. 12/20/19 -1/16/19 Set 2 7/8° 6.5# L-80 tbg @ 11,517 ' packer @ 11,507'. Installed gas lift system. 2/11/19 Began flowing back & testing. Date of first production. 14. I hereby certify that the foregoing is true and correct. Electronic Submitssion #460119 verified by the BLM Well information System For CGG OPERATING LC, sent to the Hobbs Committed to AFMSS for processing by PRCILLA PEREZ on 04/04/2019 (19PP1512SE). Name(Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Signature (Electronic Submission) Date 04/03/2019 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By						
Electronic Submission #46019 verified by the BLM Well Information System For COG OPERATING LC, sent to the Hobbs Committed to AFMSS for processing by PR SCILLA PEREZ on 04/04/2019 (19PP1512SE) Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Signature (Electronic Submission) Date 04/03/2019 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By	1/15/19 to 1/19/19 Drilled of 1/20/19 -1/16/19 Set 2 7/8" 6	5.5# L-80 tbg @ 11,517 ' packe	r @ 11,507'. Installed ga	s lift system.		
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Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Signature (Electronic Submission) Date 04/03/2019 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By	Co	For COG OPEI mmitted to AFMSS for processin	RATING LLC, sent to the Hig by PRISCILLA PEREZ of	lobbs 1 04/04/2019 (19PP1512	SE)	
THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By						
Approved By	Signature (Electronic	Submission)	Date 04/03/2	019		
onditions of approval, if any, are attached. Approval of this notice does not warrant or rtify that the applicant holds legal or equitable title to those rights in the subject lease hich would entitle the applicant to conduct operations thereon. It le 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 **		THIS SPACE FOR F	EDERAL OR STATE	OFFICE USE		
Carlsbad Field Office Carlsbad Field Office Office Carlsbad Field Office Office	Approved By		Title			AFR _{Da} 0 9 2019
States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction. nstructions on page 2) ** BLM REVISED **	ertify that the applicant holds legal or e	ect lease	Carlsbad Field Office			
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