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3a. Address       10. Field and Pool or Exploratory. Area         9b. CONCHO CENTER 600 W ILLINOIS AVENUE       Ph: 575-748-6940       10. Field and Pool or Exploratory. Area         4. Location of Well (Process, E. T. & M. or Survey Description)       11. County or Parks, State       11. County or Parks, State         32.035032 N Lat, 103.521990 W Lon       11. County or Parks, State       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       III. County or Parks, State         13. Decide of Intent          Acidize          Deepen          Production (Stat/Resume)    Water Shut-OI         13. Decide Propeod of Completed Operation: Clearly state all pentor deatils, including entinaned durating date of any propagation of the propeod within 30 days and the operation and the operation of the propeod of the entity of the operation results of the operatin results of the operation results of the operation re	3a. Address       10. Field and Pool or Explosutory Area         MIDLAND, TX 79701-4287       10. Field and Pool or Explosutory Area         4. Lecation of Well (Forages, e.e., T. R. M. or Survey Description)       11. County or Parish, State         3z. 2050032 N Lat, 103.521690 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       TYPE OF ACTION         In Notice of Intent       Acidize       Deepen         In Notice of Intent       Casing Repair       In New Construction       Recomplete         Casing Repair       In New Construction       Recomplete       Other         In County or Verify State       Inter Casing       Inter Casing       Internation       Well Integrity         In Subsequent Report       Cost option       Internation       Well Integrity         In Casing Repair       Invest Cost option       Recomplete       Other         Inductive to bijection       Integrity       Recomplete or the network of the option resonation and network of any proceed or any proceed or any proceed or completed option of the structure option of the structure option of the structure of the option of the structure option of the structure of the optin of the option of	1. Type of Well	ias Well 🔲 Oth	er		MAT		8. Well Name and No. DOMINATOR 25		
ONE CONCHO CENTER 600 WILLINOIS AVENUE       Ph: 575-748-6940       WC-025 G-08 32034350-WOLFC         4. Loation of Well (Foloage, Sec., T. R., M. or Survey Description)       Sc. 25 T5S R33E SESE 2005L 1200FEL       11. County or Parish, Sate         22.05032 N Lat, 103 SE1090 W Lon       LEA COUNTY, NM       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       ILEA COUNTY, NM         II. County or Parish, Sate       Casing Repair       Deepen       Production (Start/Resure)       Water Shur-OI         II. Subsequent Report       Casing Repair       New Construction       Recomplete       Other         II. Backamed II. County or Parish, Sate       Casing Repair       New Construction       Recomplete       Other         II. Backamed II. County or Parish, Sate III. County or Parish, Sate IIII. County or Parish, Sate IIIII. County	ONE CONCHO CENTER 600 W LLINOIS AVENUE       Ph:: 575-748-6940       WC-025 G-08 5203435D-WOLF(         4. Loastin of Well (Poorage, Sec. T. A. M. or Survey Description)       II. Country or Parish, State       Lea COUNTY, NM         Sc: 25 75S R33E SESE 2007SL 1290FEL       II. Country or Parish, State       Lea COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       ILE A COUNTY, NM         I2. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       Other       Other         Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Stau-C         IS ubsequent Report       Casing Repair       New Construction       Recomplete       Other         IT as a bandonment Notice       Casing Repair       Plug adA bandon       Temporarity Abandon       Other         IT as a bandonment Notice       Casing Repair       Plug Back       Water Disposal       Other       Describe Proposed or Completed Operations. Clearly state all periterial dealing, including estimated starting dear of any proposed work and approximate duration there the approach of the involved operations. If the operation results in a multiple completion or theorem plate of any environed work and approximate duration there the internation approach of the involved operations. If the operation results in a multiple completion in a new interval, a form 31664 must be filed or tentere the approach of the involved operations. If the operation result		NGLLC	E-Mail: aavery@con	icho.com					
Sec 25 725S R33E SESE 280FSL 1290FEL       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       Image: Complete the completed the complete the complete the complete the complete t	Sec 25 T2SS R33E SESE 280FSL 1290FEL       LEA COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Ontice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shur-C         Subsequent Report       Change Plans       New Construction       Recomplete       Other         Improved to function       Change Plans       Plug Back       Water Disposal       Other         13. Describe Proposed or Completed Operation Clarty recomplete borizontally, give substrice locations and messured and true vertical dynths of all perinent maters and zone chanding the dynth of final lapediate borizontally, give substrice locations and messured and true vertical dynths of all perinent maters and zone chanding which means to field with a log dynths of all perinent maters and zone chanding which means to field with a log dynths of the substrice locations and messured and true vertical dynths of all perinent maters and zone chanding which the site is ready of on Gase 2-500 Bis Bad No. on if which BLMMIA. Required subsequent reports maters and zone chanding which the site is ready of on final lapediation which are disclosed and the operator has the field with all dynths the site is bloced on lases 2-500 Bis BH Fiber glass tark (Mither Heale is in ready of final lapediation and which we have completed and the operator has the field with a log dynth and the site is ready of matiliapediation for disposal water:         13. Describe Proposal of disposal water:       19 Now do formation for disposal water:         14. Thereby certify that th	ONE CONCHO		WILLINOIS AVENUE	3b. Phone No. (inc Ph: 575-748-69	lude area code) 140	1			
32.095032 N Lat, 103.521680 W Lon      12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA      TYPE OF SUBMISSION      TYPE OF SUBMISSION      Acidize     Deepen     Production (Star/Resume)     Water Shut-Of     Acidize     Deepen     Production (Star/Resume)     Water Shut-Of     Casing Repair     Completed Operation Clearly state all pertitement details, including estimated starting date of any proceed ws and approximate duration there     Required information for disposal water     Name of formation producing water     State repaired row and approximate duration there     State repaired row and approximate duratin there     State repaired row and approximate duratin there     St	32.095032 N Lat, 103.521690 W Lon         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION         TYPE OF SUBMISSION         INTER CONTINUE OF ACTION         Object of Intent         Object of Inten	4. Location of Well	(Footage, Sec., T.,	R., M., or Survey Description)				11. County or Parish,	State	
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13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereon 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 Boal under which be vork within 30 days. Solitowing completion of the involved operations. If the operation results in a multiple completion or recompletion of the involved operations. If the operation results in a multiple completion or recompletion and the involved operations. The operation results in a multiple completion or recompletion and the involved operations. The operation results in a multiple completion or recompletion and the involved operations. The operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion or recompletion and the operation results in a multiple completion and the operation results in a multiple completion and the recompletion and the recompleting and therecompleting and the recompletion and the recompleting	13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration there if the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zone Attach the Bond under which be vork with the performed to provide the Bond No. on file with BLM/BLA. Required alerba of all pertinent markers and zone Attach the Bond under which be vork with be performed or provide the Bond No. on file with BLM/BLA. Required alerba of all pertinent markers and zone Attach the Bond under which be vork with an anulpipe completion or recompletion in a new interval, a Form 3160-4 must be filed onot tetermined that the site is ready for final inspectition.         Required information for disposal water:       1) Name of formation producing in barrels per day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome of formation producing in barrels per day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome of to alter producing in barrels per day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome of to alter producing in barrels per day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome of to alter producing in barrels per day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome and (2) day: 500 bwpd (2)         1) Name of formation producing in barrels per day: 500 bwpd (2)       1) Nome fore facility or well in more in an unper sected by the BLM	Final Abandon	ment Notice				_			
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 Attack the Bond under which the work will be performed or provide the Bond No. on file with BLM/BLA. Required reports must be filed one 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. 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 moved to disposal: Piped to nearest SWD System. 5) Disposal Facility 41 a) Facility Operator Name: Owl SWD, LLC b) Name of facility or well: WDW c) Loperator Name: BC&D Operating Inc. 14. Thereby certify that the foregoing is frue and correct. Electronic Submission #458620 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP14045E). Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Approved By. Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicane holds legal or equitable title othose rights in the subject lease Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Approved By. Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicane holds legal or equitable title to those rights in the subject lease which would entitle the applicane to conduct or expression factor for any person knowingly and willfully to make to any department or agency of the United States any fales, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true' vertical depths of all portnern markers and zone the Bond which the work will be performed or provide the Bond No. on file with BLMBIA. Required subsequent reports must be filed onto testing has been completed. Final Abandoment Notices must be filed onto testing has been completed. Final Abandoment Notices must be filed onto testing has been completed. Final Abandoment Notices must be filed onto testing has been completed. Final Abandoment Notices must be filed onto testing has been completed. Final Abandoment Notices must be filed onto testing has been completed on lease: so must be filed onto the notice of the involved operators. The off formation producing water on lease: Bone Spring (for water is moved to disposal: Piped to nearest SWD System. Sposal Facility #1 a) Facility Operator Name: Owl SWD, LLC b) Name of fracitity or well mark a number: Maralo Sholes B #2 (SWD-1127) (for well; WDW c) Location by 1/4, 1/4, Sec, T & R: NESW, Sec 36-T2SS-R36E Disposal Facility / Deperator Name: BC&D Operating Inc.  14. Thereby certify that the foregoing is true and correct. Electronic Submission #459820 varified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP1404SE) Name(Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant or critify that the applicant holds legal or equitable title on these rights in the subject lease which would entite the applicant holds legal or equitable title to those rights in the subject lease which would entite the applicant holds legal or equitable title on the rights and and willfully to make to any department or agency of the United State any files, fictitions or fraudulated statements or representations as to any matter within its jurisdiction. Thile 18 U.S.C. Section	13 Describe Proposed o	Completed One	ration. Clearly state all nertinent	details including e	stimated startin	a date	of any proposed work and appr	vimate duration thereof	
Electronic Submission #458620 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP1404SE)         Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/19/2019       ACCEPTED FOR RECORD         Mate (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/19/2019         THIS SPACE FOR FEDERAL OR STAT OFFICE USE         Approved By       Title       Advm Hather       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.       Office       BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE         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 nage 2)	Electronic Submission #35820 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP1404SE)         Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/19/2019       AMANDA AVERY         This Space FOR FEDERAL OR STATE OFFICE USE       APR = 4 2019       Date       Date       Date         Approved By       Title       Title       BUREAU OF LAND MANAGEMENT       Date       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.       Office       BUREAU OF LAND MANAGEMENT         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 nage 2)	<ol> <li>Name of form</li> <li>Amount of wa</li> <li>How water is</li> <li>How water is</li> <li>Disposal Facility</li> <li>Facility Oper</li> <li>Name of facilit</li> <li>Type of facilitit</li> <li>Location by 1</li> <li>Disposal Facility</li> </ol>	ation producin tter producing stored on leas moved to disp lity #1 ator Name: Or ity or well nam y or well: WDV /4,1/4, Sec, T #2	g water on lease: Bone S in barrels per day: 500 bw e: 2-500 BBL Fiberglass t osal: Piped to nearest SW wI SWD, LLC e & number: Maralo Shole W & R: NESW, Sec 36-T25S	pd ank /D System. es B #2 (SWD-	1127)				
For COG OPERATING LC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP 1404SE)         Name(Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/15 2019       (19PP 1404SE)         Market Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/15 2019       APR       4 2019         Approved By       Title       APR       4 2019       Date       Advm Hst       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.       Office       BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE         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)	For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 03/26/2019 (19PP 1404SE)         Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/19/2019       APR - 4       2019         Approved By       Title       AUTHORIZED REPRESENTATIVE       Approved By       Date       Office       BUREAU OF LAND MANAGEMENT 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       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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.       Main 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.	14. I hereby certify that	t the foregoing is	true and correct.	58620 verified by	the BI M We		rmation System		
Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/19/2019       ACCEPTED FOR RECORD         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Title       Adm       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.       Diffice       BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE         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)	Name (Printed/Typed)       AMANDA AVERY       Title       AUTHORIZED REPRESENTATIVE         Signature       (Electronic Submission)       Date       03/15/2019       ACCEPTED FOR RECORD         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Title       APR = 4 2019         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.       Date       Office       BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE         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.       Office       Unstructions on page 2)		Com	For COG O	PERATING LLC.	sent to the	lobb	S		
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THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By_	THIS SPACE FOR FEDERAL OR STATE OFFICE USE	Signature	(Electronic S	ubmission)	Da	e 03/19/2	<u>}</u>	CEPTED FOR REC	ORD	
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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. 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.	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. 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.		-					APR - 4 2019		
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States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	certify that the applicant	holds legal or equ	itable title to those rights in the s	subject lease	fice	BL		ENT	
	(Instructions on page 2) ** BLM REVISED **	Title 18 U.S.C. Section 1 States any false, fictitio	001 and Title 43 ous or fraudulent s	U.S.C. Section 1212, make it a cr tatements or representations as to	rime for any person o any matter within	knowingly and its jurisdiction	l willfi	ully to make to any department o	r agency of the United	
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## Additional data for EC transaction #458620 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)

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.