Form 3160-5 (June 2015)

UNITED STATES
DEPARTMENT OF THE INTEGORISH FIELD OF Expires: J
BUREAU OF LAND MANAGEMENT SDAD FIELD OF Expires: J
MANM 114987

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

SUNDRY NOTICES AND REPORTS ON WEIDER Do not use this form for proposals to drill or to re-called an abandoned well. Use form 3160-3 (APD) for such proposals. D Hobbs 6. If Indian, Allottee or Tribe Name

		-,] .		
SUBMIT IN TRIPLICATE - Other Instructions on page 2					7. If Unit or CA/Agreement, Name and/or No. NMNM138694		
Type of Well	110 -	0 2019	8. Well Name and No. DOMINATOR 25 FEDERAL COM 602H				
2. Name of Operator COG OPERATING LLC			2. At i well No.				
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE Ph: 575-74 MIDLAND, TX 79701-4287			(include a 30 70 8-6940		10. Field and Pool or Exploratory Area WC-025 G-08 S203435D-WOLFCAMP		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish,	State	
Sec 25 T25S R33E SESE 280FSL 660FEL 32.095032 N Lat, 103.519661 W Lon					LEA COUNTY, NM		
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OT	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					: :	
□ Notice of Intent	☐ Acidize ☐ Dea		-		ion (Start/Resume)	☐ Water Shut-Off	
Subsequent Report	uent Penort		draulic Fracturing Reclam			☐ Well Integrity	
	☐ Casing Repair	. —	Construction	☐ Recomp		Other Hydraulic Fracture	
☐ Final Abandonment Notice	☐ Change Plans		☐ Plug and Abandon ☐ Temporarily Aband		-	119 01 01 11 11 11 11 11 11 11 11 11 11 11	
	☐ Convert to Injection ☐ Plug		Back	☐ Water I	Disposal		
Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final At determined that the site is ready for final 11/11/18 Test annulus to 150 12/3/18 to 12/11/18 Perf 12,8' 8,369,205 gal fluid. 1/15/19 - 1/16/19 Drilled out 1/22/19 Set 2 7/8" 6.5# L-80 to 2/18/19 Began flowing back 8	operations. If the operation repandonment Notices must be filinal inspection. 0# Set CBP @ 17,330' at 16 -17,305' (800). Acdz was CFP's. Clean down to Place of the file of t	sults in a multipled only after all indicates to so to information of the substitution	e completion or reco equirements, includ 11,210#. Good 1/2%; frac w/ 9,0	ompletion in a sing reclamation test.	new interval, a Form 310 n, have been completed	60-4 must be filed once	
				·			
14. I hereby certify that the foregoing is true and correct. Electronic Submission #461906 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 04/17/2019 (19PP1591SE)							
Name(Printed/Typed) AMANDA AVERY			Title AUTHORIZED REPRESENTATIVE				
Signature (Electronic S	Date 04/17/2019						
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICE U	SE		
Approved By Conditions of approval, if any, are attache certify that the applicant holds legal or equivinch would entitle the applicant to conductive the applicant to conduct the applicant to conductive the applicant to conduct the applicant th	Office Con knowingly and	onathon S arisbad Fie	Id Office	APRoa 3 2019			
States any false, fictitious or fraudulent				•		· · · · · · · · · · · · · · · · · · ·	