

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**Carlsbad Field Office**  
**Operator Control**

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

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		6. If Indian, Allottee or Tribe Name
2. Name of Operator COG OPERATING LLC		7. If Unit or CA/Agreement, Name and/or No. NMNM139003
Contact: AMANDA AVERY E-Mail: aavery@concho.com		8. Well Name and No. AVION FEDERAL COM 301H
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6940	9. API Well No. 30-025-44736-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  Sec 22 T23S R32E NENE 480FNL 330FEL 32.296092 N Lat, 103.655031 W Lon		10. Field and Pool or Exploratory Area BONE SPRINGS WC025G06S223421L-BONE SPRING
		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			
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	PD

13. Describe Proposed or Completed Operation: Clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. 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 Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports must be filed within 30 days following completion 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 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.

COG respectfully requests to make the following changes:

Name:

From: Avion Federal #301H

To: Avion Federal Com #301H 325741

Please correct dedicated acreage as follows:

From: 160 acres

To: 320 acres

DR

All previous Conditions of Approval still apply

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #466043 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 05/20/2019 (19PP1964SE)	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 05/20/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By DYLAN ROSSMANGO	Title PETROLEUM ENGINEER	Date 05/31/2019
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.		Office Hobbs

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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

(201001)  
 1625 N. French Dr. Hobbs, NM 58240  
 Phone: (505) 393-6161 Fax: (505) 393-0720  
 (201001)  
 511 S. First St. Artesia, NM 88210  
 Phone: (505) 748-1253 Fax: (505) 748-9770  
 (201001)  
 P.O. Box 100 Brazos Road, Aztec, NM 87410  
 Phone: (505) 334-6173 Fax: (505) 334-6170  
 (201001)  
 1220 S. St. Francis Dr. Santa Fe, NM 87505  
 Phone: (505) 476-3469 Fax: (505) 476-3462

State of New Mexico  
 Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 1220 South St. Francis Dr.  
 Santa Fe, NM 87505

Form C-102  
 Revised August 1, 2011  
 Submit one copy to appropriate  
 District Office

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number <b>30-025-44736</b>		<sup>2</sup> Pool Code <b>17644</b>	<sup>3</sup> Pool Name <b>Diamondtail; Bone Spring</b>
<sup>4</sup> Property Code <b>312816</b>	<sup>5</sup> Property Name <b>AVION FEDERAL COM</b>		<sup>6</sup> Well Number <b>301H</b>
<sup>7</sup> OGRID No. <b>229137</b>	<sup>8</sup> Operator Name <b>COG OPERATING, LLC.</b>		<sup>9</sup> Elevation <b>3698.7</b>

**Surface Location**

U/L or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
<b>A</b>	<b>22</b>	<b>23 S</b>	<b>32 E</b>		<b>480</b>	<b>NORTH</b>	<b>330</b>	<b>EAST</b>	<b>LEA</b>

**Bottom Hole Location If Different From Surface**

U/L or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
<b>P</b>	<b>27</b>	<b>23 S</b>	<b>32 E</b>		<b>207</b>	<b>SOUTH</b>	<b>327</b>	<b>EAST</b>	<b>LEA</b>

<sup>12</sup> Dedicated Acres <b>320</b>	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

	<p><b>11 OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this information reflects only a working interest in unleased mineral interests in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a subdivision pending agreement or a completion pending order heretofore entered by the division.</p> <p><i>Amanda Avery</i> 5/20/19 Signature Date</p> <p>Amanda Avery Printed Name</p> <p>aaavery@concho.com E-mail Address</p>
	<p><b>12 SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>FEBRUARY 11, 2019 Date of Survey</p> <p><i>[Signature]</i> Signature and Seal of Professional Surveyor</p> <p>Certificate Number: FLS (LONG) (RAMMIT), PLS (2797) SURVEY NO. 56798</p>

Intent ☐ As Drilled ☒

API #

Operator Name:  
COG OPERATING, LLC

Property Name:  
AVION FEDERAL COM

Well Number  
301H

Kick Off Point (KOP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
A	22	23S	32E		122	NORTH	317	EAST	LEA
Latitude					Longitude				NAD
32.2969521					103.6545053				27

First Take Point (FTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
A	22	23S	32E		383	NORTH	322	EAST	LEA
Latitude					Longitude				NAD
32.2959618					103.6545234				27

Last Take Point (LTP)

UL	Section	Township	Range	Lot	Feet	From N/S	Feet	From E/W	County
P	27	23S	32E		345	SOUTH	327	EAST	LEA
Latitude					Longitude				NAD
32.2692005					103.6545339				27

Is this well the defining well for the Horizontal Spacing Unit? ☒

Is this well an infill well? ☐

If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.

API #

Operator Name:

Property Name:

Well Number

KZ 06/29/2018