

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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		5. Lease Serial No. NMNM108973
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6945	8. Well Name and No. HARRIER FEDERAL COM 201H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 2 T26S R32E SESW 375FSL 1400FWL 32.066040 N Lat, 103.649727 W Lon		9. API Well No. 30-025-45830-00-X1
		10. Field and Pool or Exploratory Area JENNINGS
		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 Operating respectfully requests approval for the following changes to the originally approved APD.

Spacing Unit.

C102 attached.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #463314 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 04/29/2019 (19PP1684SE)	
Name (Printed/Typed) MAYTE X REYES	Title SENIOR REGULATORY ANALYST
Signature (Electronic Submission)	Date 04/29/2019

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

Approved By <u>DYLAN ROSSMANGO</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>06/25/2019</u>
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 \*\***

**Revisions to Operator-Submitted EC Data for Sundry Notice #463314**

	<b>Operator Submitted</b>	<b>BLM Revised (AFMSS)</b>
Sundry Type:	APDCH NOI	APDCH NOI
Lease:	NMNM108973	NMNM108973
Agreement:		
Operator:	COG OPERATING LLC 2208 WEST MAIN STREET ARTESIA, NM 88210 Ph: 575-748-6940	COG OPERATING LLC ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287 Ph: 432.685.4342
Admin Contact:	MAYTE X REYES SENIOR REGULATORY ANALYST E-Mail: mreyes1@concho.com  Ph: 575-748-6945	MAYTE X REYES SENIOR REGULATORY ANALYST E-Mail: mreyes1@concho.com  Ph: 575-748-6945
Tech Contact:	MAYTE X REYES SENIOR REGULATORY ANALYST E-Mail: mreyes1@concho.com  Ph: 575-748-6945	MAYTE X REYES SENIOR REGULATORY ANALYST E-Mail: mreyes1@concho.com  Ph: 575-748-6945
Location:		
State:	NM	NM
County:	LEA	LEA
Field/Pool:	JENNINGS; U BONE SPRING S	JENNINGS
Well/Facility:	HARRIER FEDERAL COM 201H Sec 2 T26S R32E SESW 375FSL 1400FWL	HARRIER FEDERAL COM 201H Sec 2 T26S R32E SESW 375FSL 1400FWL 32.066040 N Lat, 103.649727 W Lon

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<b>Location:</b>		
<b>State:</b>	NM	NM
<b>County:</b>	LEA	LEA
<b>Field/Pool:</b>	JENNINGS; U BONE SPRING S	JENNINGS
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DISTRICT I  
1825 N. FRANCHIS DR., BOHRS, NM 88240  
Phone: (505) 353-6181 Fax: (505) 353-0783

DISTRICT II  
811 E. FIRST ST., ARTESIA, NM 88210  
Phone: (505) 748-1283 Fax: (505) 748-0720

DISTRICT III  
1000 E. BRAZOS RD., AZTEC, NM 87410  
Phone: (505) 334-6176 Fax: (505) 334-6170

DISTRICT IV  
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3468

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

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

☐ AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

API Number <b>30-025-45830</b>	Pool Code <b>97838</b>	Pool Name <b>Jennings; Upper Bone Spring Shale</b>
Property Code <b>325390</b>	Property Name <b>HARRIER FEDERAL COM</b>	Well Number <b>201H</b>
GRID No. <b>229137</b>	Operator Name <b>COG OPERATING, LLC</b>	Elevation <b>3249.3'</b>

**Surface Location**

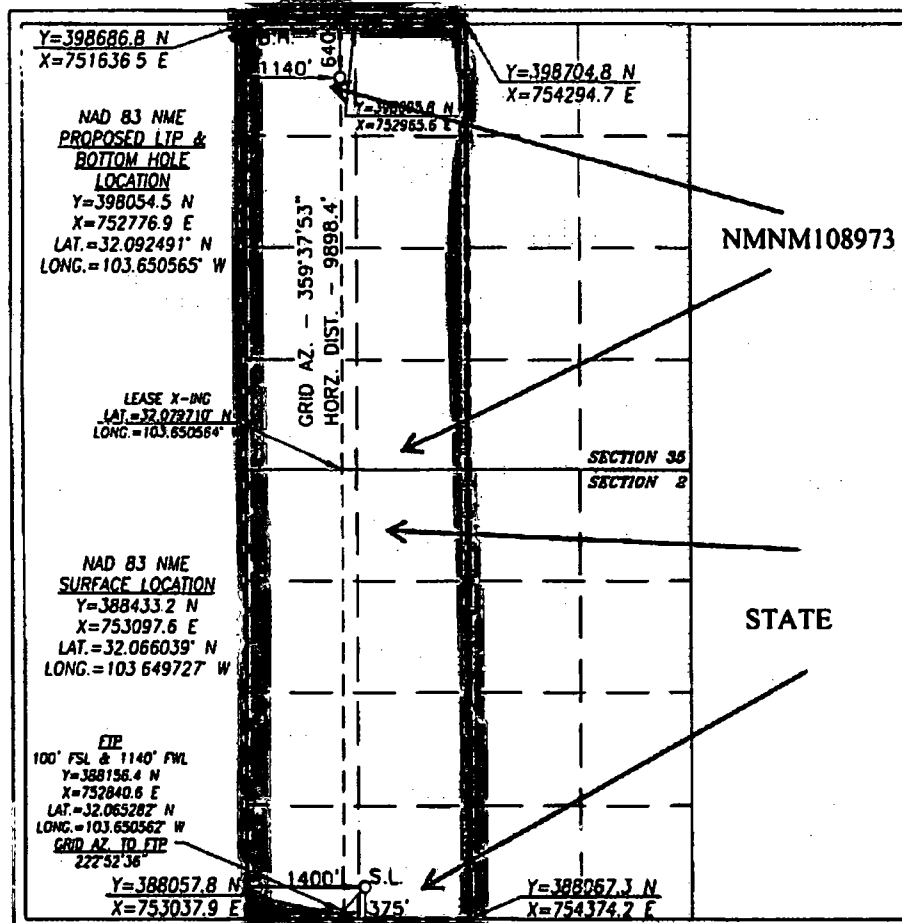
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
N	2	26-S	32-E		375	SOUTH	1400	WEST	LEA

**Bottom Hole Location If Different From Surface**

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	35	25-S	32-E		640	NORTH	1140	WEST	LEA

Dedicated Acres <b>640</b>	Joint or Infill	Consolidation Code	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



**OPERATOR CERTIFICATION**

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest 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 mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Signature *Mayte Reyes* Date *4-26-19*

Mayte Reyes

Printed Name

mreyes1@concho.com

E-mail Address

**SURVEYOR CERTIFICATION**

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.

DECEMBER 12, 2018

Date of Survey

Signature & Seal of Professional Surveyor



Signature *Chad HARCROW* Date *12/17/18*  
Certificate No. CHAD HARCROW 17777  
W.O. # 19-724 DRAWN BY: AM

**HOBBS OCD**  
**JUN 27 2019**  
**RECEIVED**