Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS** 

Do not use this form for proposals to drill or to re-enter an

OCD Hobbs

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

Expires: January 3
Lease Serial No.

## 5. Lease Serial No. NMNM14164

6 If Indian Allottee or Tribe Name

abandoned well. Use form 3160-3 (APD) for such proposals.					6. If Indian, Anottee or	Tribe Name
SUBMIT IN TRIPLICATE - Other Instructions on page 988 OCD					7. If Unit or CA/Agreen	nent, Name and/or No.
Type of Well     Oil Well			OCT 21	2019	8. Well Name and No. FASCINATOR FEDERAL COM 603H	
Name of Operator     COG OPERATING LLC	ERRECEI	/ED	9. API Well No. 30-025-45109-00-X1			
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	(include area code) 8-6940		10. Field and Pool or Exploratory Area WC025G09S243532M-WOLFBONE			
4. Location of Well (Footage, Sec., T	3-23		11. County or Parish, State			
Sec 30 T24S R35E NWNW 210FNL 950FWL 32.195171 N Lat, 103.412086 W Lon					LEA COUNTY, NM	
12. CHECK THE A	PROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA
TYPE OF SUBMISSION	TYPE OF ACTION				<u>.</u>	
Notice of Intent   ■ Notice of Intent	☐ Acidize	☐ Dee	□ Deepen		ion (Start/Resume)	■ Water Shut-Off
_	☐ Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclamation		■ Well Integrity
☐ Subsequent Report ☐ Casing Repair ☐		□ New	Construction	☐ Recomp	olete	☐ Other
☐ Final Abandonment Notice	☐ Change Plans	Plug	and Abandon	□ Temporarily Abandon		
	Convert to Injection	Plug	☐ Plug Back		Water Disposal	
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: Wolfcamp 2) Amount of water producing in barrels per day: 5000 bwpd 3) How water is stored on lease: 4-750 BBL Fiberglass tank 4) How water is moved to disposal: Piped to nearest SWD System. 5) Disposal Facility #1 a) Facility Operator Name: Delaware Energy, LLC b) Name of facility or well name & number: Moomaw SWD (SWD-1730) c) Type of facility or well: WDW d) Location by 1/4,1/4, Sec, T & R: G, Sec 25-T24S-R34E  BUREAU OF LAND/MANAGEMENT CARLSBAD FIELD OFFICE						
14. I hereby certify that the foregoing is true and correct.  Electronic Submission #488509 verified by the BLM Well Information System  For COG OPERATING LLC, sent to the Hobbs  Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/17/2019 (20DLM0023SE)  Name (Printed/Typed) AMANDA AVERY  Title AUTHORIZED REPRESENTATIVE						
Name (1 transa 1) per / All MIDA AVEIN			7,000 ДОТПО	NIZED INCI	TESENTATIVE	·
Signature (Electronic Submission)			Date 10/16/2019			
	THIS SPACE FO	R FEDERA	L OR STATE	OFFICE U	SE	
Approved By			Title			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			
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to m	ake to any department or a	agency of the United

(Instructions on page 2) \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\*

## Additional data for EC transaction #488509 that would not fit on the form

## 32. Additional remarks, continued

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.