| Form 3160-5<br>(June 2015) UNITED STATES<br>DEPARTMENT OF THE INTERIOR<br>BUREAU OF LAND MANAGEMENT                                                                                                                                                                                   |                                           |                                             |                                                                                                              |                                 | FORM APPROVED<br>OMB NO. 1004-0137<br>Expires: January 31, 2018 |                            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------|----------------------------|--|
| SUNDRY                                                                                                                                                                                                                                                                                |                                           | 5. Lease Serial No.<br>NMNM086              |                                                                                                              |                                 |                                                                 |                            |  |
| Do not use thi<br>abandoned we                                                                                                                                                                                                                                                        |                                           | 6. If Indian, Allottee o                    | r Tribe Name                                                                                                 |                                 |                                                                 |                            |  |
| SUBMIT IN                                                                                                                                                                                                                                                                             |                                           | 7. If Unit or CA/Agreement, Name and/or No. |                                                                                                              |                                 |                                                                 |                            |  |
| 1. Type of Well     Image: Solution of Well   Image: Solution of Well     Image: Solution of Well   Image: Solution of Well                                                                                                                                                           |                                           |                                             |                                                                                                              |                                 | 8. Well Name and No.<br>MultipleSee Attached                    |                            |  |
| 2. Name of Operator<br>COG OPERATING LLC                                                                                                                                                                                                                                              | 1<br>. (include area code) 10.<br>19-3074 |                                             | <ol> <li>9. API Well No.<br/>MultipleSee Attached</li> <li>10. Field and Pool or Exploratory Area</li> </ol> |                                 |                                                                 |                            |  |
| 3a. Address                                                                                                                                                                                                                                                                           |                                           |                                             |                                                                                                              |                                 |                                                                 |                            |  |
| ONE CONCHO CENTER 60<br>MIDLAND, TX 79701-4287                                                                                                                                                                                                                                        |                                           |                                             | LEA                                                                                                          | LEA 11. County or Parish, State |                                                                 |                            |  |
| 4. Location of Well (Footage, Sec., T                                                                                                                                                                                                                                                 |                                           |                                             | 11. County or Parish,                                                                                        |                                 |                                                                 |                            |  |
| MultipleSee Attached                                                                                                                                                                                                                                                                  |                                           | LEA COUNTY, NM                              |                                                                                                              |                                 |                                                                 |                            |  |
| 12. CHECK THE AF                                                                                                                                                                                                                                                                      | PPROPRIATE BOX(ES)                        | TO INDICA                                   | TE NATURE O                                                                                                  | F NOTICE,                       | REPORT, OR OTH                                                  | IER DATA                   |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                    |                                           |                                             | TYPE OF                                                                                                      | ACTION                          | . <u> </u>                                                      |                            |  |
| Notice of Intent                                                                                                                                                                                                                                                                      | Acidize                                   | 🗖 Dee                                       | pen                                                                                                          | Product                         | ion (Start/Resume)                                              | U Water Shut-Off           |  |
| -                                                                                                                                                                                                                                                                                     | Alter Casing                              | 🗖 Hyd                                       | Iraulic Fracturing                                                                                           | 🗖 Reclam                        | ation                                                           | Well Integrity             |  |
| Subsequent Report                                                                                                                                                                                                                                                                     | Casing Repair                             | 🗖 Nev                                       | v Construction                                                                                               | 🗖 Recomp                        | olete                                                           | Other                      |  |
| Final Abandonment Notice                                                                                                                                                                                                                                                              | Change Plans                              | 🗖 Pluj                                      | g and Abandon                                                                                                | Tempor                          | arily Abandon                                                   | Venting and/or Flari<br>ng |  |
|                                                                                                                                                                                                                                                                                       | Convert to Injection                      | 🗖 Pluj                                      | g Back                                                                                                       | 🗖 Water I                       | Disposal                                                        |                            |  |
| FROM 2/05/2020 TO 5/5/2020<br># OF WELLS TO FLARE: 3<br>TUSK FEDERAL 4H; 30-025-<br>TUSK FEDERAL 3H; 30-025-<br>TUSK FEDERAL 5H; 30-025-                                                                                                                                              | 41358<br>41573                            |                                             |                                                                                                              |                                 |                                                                 |                            |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                            | Electronic Submission #4                  | DPERATING                                   | LC, sent to the H                                                                                            | lobbs                           | -                                                               |                            |  |
| Name (Printed/Typed) ALICE BU                                                                                                                                                                                                                                                         | •                                         |                                             |                                                                                                              |                                 | NEERING TECH                                                    |                            |  |
| Signature (Electronic Submission)                                                                                                                                                                                                                                                     |                                           |                                             | Date 01/17/2020                                                                                              |                                 |                                                                 |                            |  |
|                                                                                                                                                                                                                                                                                       | THIS SPACE FO                             | R FEDER                                     |                                                                                                              | OFFICE U                        | SE                                                              |                            |  |
|                                                                                                                                                                                                                                                                                       |                                           |                                             |                                                                                                              |                                 |                                                                 |                            |  |
| Approved_By_JONATHON_SHEPARDConditions 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. |                                           |                                             | <u>TitlePETROEL</u>                                                                                          | <u>UM ENGINI</u>                | <u>EER</u>                                                      | Date 01/21/2020            |  |
| itle 18 U.S.C. Section 1001 and Title 43<br>States any false, fictitious or fraudulent                                                                                                                                                                                                | U.S.C. Section 1212, make it a c          |                                             | erson knowingly and                                                                                          | willfully to ma                 | ake to any department or                                        | agency of the United       |  |
| (Instructions on page 2) <b>** BLM REV</b>                                                                                                                                                                                                                                            | ISED ** BLM REVISED                       | ** BLM R                                    | EVISED ** BLM                                                                                                | I REVISE                        | ) ** BLM REVISEI                                                | o** }}                     |  |

## Revisions to Operator-Submitted EC Data for Sundry Notice #499668

|                                | Operator Submitted                                                                                            | BLM Revised (AFMSS)                                                                                                                                                                                                                                     |
|--------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sundry Type:                   | FLARE<br>NOI                                                                                                  | FLARE<br>NOI                                                                                                                                                                                                                                            |
| Lease:                         | NMNM086                                                                                                       | NMNM086                                                                                                                                                                                                                                                 |
| Agreement:                     |                                                                                                               |                                                                                                                                                                                                                                                         |
| Operator:                      | CONCHO OPERATING LLC<br>ONE CONCHO CENTER 600 W ILLINOIS AVENUE<br>MIDLAND, TX 79701-4287<br>Ph: 432-685-4342 | COG OPERATING LLC<br>ONE CONCHO CENTER 600 W ILLINOIS AVENUE<br>MIDLAND, TX 79701-4287<br>Ph: 432.685.4342                                                                                                                                              |
| Admin Contact:                 | ALICE BUCK<br>OPERATING ENGINEERING TECH<br>E-Mail: ABUCK@CONCHO.COM                                          | ALICE BUCK<br>OPERATING ENGINEERING TECH<br>E-Mail: ABUCK@CONCHO.COM                                                                                                                                                                                    |
|                                | Ph: 575-689-3074                                                                                              | Ph: 575-689-3074                                                                                                                                                                                                                                        |
| Tech Contact:                  | ALICE BUCK<br>OPERATING ENGINEERING TECH<br>E-Mail: ABUCK@CONCHO.COM                                          | ALICE BUCK<br>OPERATING ENGINEERING TECH<br>E-Mail: ABUCK@CONCHO.COM                                                                                                                                                                                    |
|                                | Ph: 575-689-3074                                                                                              | Ph: 575-689-3074                                                                                                                                                                                                                                        |
| Location:<br>State:<br>County: | NM<br>LEA COUNTY                                                                                              | NM<br>LEA                                                                                                                                                                                                                                               |
| Field/Pool:                    | LEA                                                                                                           | LEA                                                                                                                                                                                                                                                     |
| Well/Facility:                 | TUSK FEDERAL 4H<br>Sec 25 T19S R34E SWSE 0250FSL 2080FEL<br>32.624624 N Lat, 103.511107 W Lon                 | TUSK FEDERAL 4H<br>Sec 25 T19S R34E SWSE 0250FSL 2080FEL<br>32.624624 N Lat, 103.511107 W Lon<br>TUSK FEDERAL 3H<br>Sec 25 T19S R34E SESW 170FSL 1820FWL<br>32.624394 N Lat, 103.515924 W Lon<br>TUSK FEDERAL 5H<br>Sec 25 T19S R34E SESE 190FSL 330FEL |

Sec 25 T19S R34E SESE 190FSL 330FEL 32.624475 N Lat, 103.505749 W Lon