Form 3160-5 (August 2007)

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

FORM APPROVED OMB NO. 1004-0135 Expires July 31, 2010

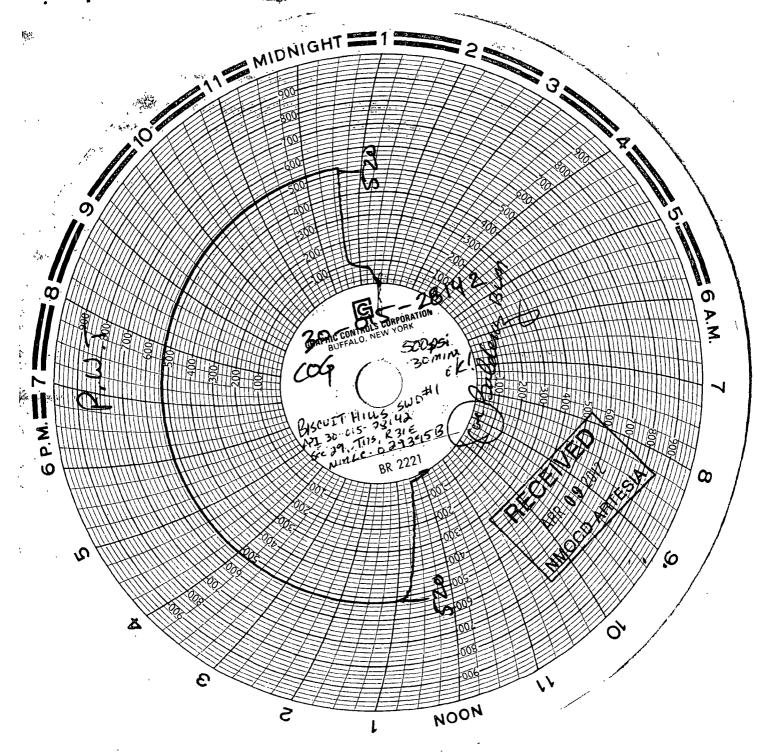
| SUNDRY NOTICES AND REPORTS ON WELLS  Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        | NMLC029395B  6. If Indian, Allottee or Tribe Name                                                                |                                                                                                  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        | 7. If Unit or CA/Agreement, Name and/or No                                                                       |                                                                                                  |  |
| 1 Type of Well ☐ Gas Well ☒ Other INJECTION                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        | 8. Well Name and No.<br>BISCUIT HILLS SWD 1                                                                      |                                                                                                  |  |
| Name of Operator Contact BRIAN MAIORINO COG OPERATING LLC E-Mail bmaiorino@concho.com                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        | 9 API Well No<br>30-015-28142                                                                                    |                                                                                                  |  |
| 3a. Address<br>550 WEST TEXAS AVENUE S<br>MIDLAND, TX 79701                                                                                                                                                                                                                                                                                               | No. (include area code)<br>221-0467                                                                                                                                                                                    | 10. Field and Pool, or Exploratory<br>SWD WOLFCAMP                                            |                                                                                                                             |                                                        |                                                                                                                  |                                                                                                  |  |
| 4 Location of Well (Footage, Sec., T, R, M., or Survey Description)                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             | 11 County or Parish, and State                         |                                                                                                                  |                                                                                                  |  |
| Sec 29 T17S R31E SWSE 950FSL 1980FEL                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             | EDDY COUNTY COUNTY, NM                                 |                                                                                                                  |                                                                                                  |  |
| 12. CHECK APPI                                                                                                                                                                                                                                                                                                                                            | ROPRIATE BOX(ES) T                                                                                                                                                                                                     | O INDICA                                                                                      | TE NATURE OF I                                                                                                              | NOTICE, RI                                             | EPORT, OR OTHE                                                                                                   | R DATA                                                                                           |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                        | TYPE OF ACTION                                                                                                                                                                                                         |                                                                                               |                                                                                                                             |                                                        |                                                                                                                  |                                                                                                  |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                        | ☐ Acıdıze                                                                                                                                                                                                              |                                                                                               | Deepen                                                                                                                      | □ Product                                              | ion (Start/Resume)                                                                                               | ■ Water Shut-Off                                                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                           | ☐ Alter Casing                                                                                                                                                                                                         | , 🖸 F                                                                                         | racture Treat                                                                                                               | Reclam Reclam                                          | ation                                                                                                            | ■ Well Integrity                                                                                 |  |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                         | ☐ Casing Repair                                                                                                                                                                                                        |                                                                                               | lew Construction                                                                                                            | □ Recomp                                               | olete                                                                                                            | Other                                                                                            |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                | ☐ Change Plans ☐ Plu                                                                                                                                                                                                   |                                                                                               | lug and Abandon                                                                                                             | ☐ Temporarily Abandon                                  |                                                                                                                  |                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                           | Convert to Injection Plu                                                                                                                                                                                               |                                                                                               | lug Back                                                                                                                    | · · · · · · · · · · · · · · · · · · ·                  |                                                                                                                  |                                                                                                  |  |
| 13 Describe Proposed or Completed Ope<br>If the proposal is to deepen directions<br>Attach the Bond under which the wor<br>following completion of the involved<br>testing has been completed. Final Al-<br>determined that the site is ready for f<br>4/4/12 RU Pro Well Test Slick<br>tbg to 1300 psi leaked off to 7                                   | ally or recomplete horizontally<br>rk will be performed or provid<br>to operations. If the operation re<br>pandonment Notices shall be fi<br>inal inspection.)  line Truck, Set plug @ 8:<br>00 psi in 5 min. Pressure | r, give subsurfie the Bond No<br>esults in a muliled only after<br>270, Pressu<br>up cst to 1 | ace locations and meast<br>on file with BLM/BIA<br>tiple completion or rec-<br>all requirements, includ-<br>ire test 3-1/2" | ured and true ve<br>A Required sul<br>ompletion in a r | ertical depths of all pertin<br>bsequent reports shall be<br>new interval, a Form 316<br>n, have been completed, | ent markers and zones<br>filed within 30 days<br>0-4 shall be filed once<br>and the operator has |  |
| psi, pressure near equalize @700 psi in 10 min. Remove Int valve open, pressure csg to 1300#, after 15 min stable. Tbg 750# csg 1090. no pressure or light blow sen on intermediate valve. Pull plug in tbg. RD WL, RU Cavaloz Rig 5 on matting board, Install and test 5K HYD BOP. Unset 3-1/2"x5-1/2" arrowset pkr, let packer fluid equalize overnight |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             | JUN 11 2012                                            |                                                                                                                  |                                                                                                  |  |
| 4/5/12 RU Big Bear Laydown Machine, POOH 253 jts tbg, tbg had large number of bad pins fluid cut and corroded.                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        | NMOCD AF                                                                                                         | TESIA                                                                                            |  |
| 4/6/12 SIWHP 0, tally 265 jts 2-7/8" L80 IPC 6.5# tbg, function test BOP, TIH  Accepted for record  NIMOCD (1)                                                                                                                                                                                                                                            |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             |                                                        |                                                                                                                  |                                                                                                  |  |
| 14. I hereby certify that the foregoing is                                                                                                                                                                                                                                                                                                                | Electronic Submission                                                                                                                                                                                                  |                                                                                               | fied by the BLM We<br>i LLC, sent to the C                                                                                  |                                                        | n System                                                                                                         | — <i>i</i> - /                                                                                   |  |
| Name (Printed/Typed) BRIAN MAIORINO                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                        |                                                                                               | Title AUTHO                                                                                                                 | Title AUTHORIZED REPRESENTATIVE                        |                                                                                                                  |                                                                                                  |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                   | Date 06/08/2                                                                                                                                                                                                           | Date 06/08/2012                                                                               |                                                                                                                             |                                                        |                                                                                                                  |                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                           | THIS SPACE F                                                                                                                                                                                                           | OR FEDE                                                                                       | RAL OR STATE                                                                                                                | OFFICE U                                               | SE                                                                                                               |                                                                                                  |  |
| _Approved_By                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                        |                                                                                               | Title                                                                                                                       |                                                        |                                                                                                                  | Date                                                                                             |  |
| Conditions of approval, if any, are attache certify that the applicant holds legal or equivilent would entitle the applicant to condition                                                                                                                                                                                                                 |                                                                                                                                                                                                                        |                                                                                               |                                                                                                                             | ·                                                      |                                                                                                                  |                                                                                                  |  |
| Title 18 U.S.C. Section 1001 and Title 43                                                                                                                                                                                                                                                                                                                 | U.S.C. Section 1212 make it:                                                                                                                                                                                           | a crime for an                                                                                | v nerson knowingly and                                                                                                      | willfully to m                                         | ake to any denartment or                                                                                         | agency of the United                                                                             |  |

## Additional data for EC transaction #140079 that would not fit on the form

## 32. Additional remarks, continued

w/ 2-3/8" WL guide. 1.87 R (NOGO), 2-3/8" x 6' nickel coated sub, 2-3/8" x 2-7/8" x-over, nickel plated 5-1/2" arrowset pkr, 1.87' F nipple, T2 OOT, 260 jts 2-7/8" L80 IPC 6.5# tbg. Packer set @ 8280'. With pkr hanging, pump 127 bls brine mixed w/one bbl, catalys pac-250-pf packer fluid. Well circulated after pumping 10 bbls down csg. circ out 40 bbls fluid. Csg cap, 125.8 bbls. ND BOP, set pkr, NU wellhead, pressure up csg to 500 psi, record pressure with chart recorder. pressure stable for 30 min. Well ready for MIT in morning w/BLM/OCD

 $4/7/12\ BLM$  Joe Balderaz on location, start MIT. Pressure csg to 500psi, record psi on chart recorder, 500 psi after 30 min. Good. RDMO.



30-015-28142

