Form 3160-5 (August 2007)

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

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

| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                  |                                                                                                                                             |                                                                                                                               |                                                      | NMNM115417                                                                             |                                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--|
|                                                                                                                                                                                                                                                      |                                                                                                                                             |                                                                                                                               |                                                      | 6. If Indian, Allottee or Tribe Name                                                   |                                                                             |  |
| SUBMIT IN TRI                                                                                                                                                                                                                                        | PLICATE - Other instruc                                                                                                                     | tions on reverse side.                                                                                                        |                                                      | 7. If Unit or CA/Agre                                                                  | ement, Name and/or No                                                       |  |
| Type of Well                                                                                                                                                                                                                                         | 8. Well Name and No.<br>BIG PAPI FEDERAL COM 2H                                                                                             |                                                                                                                               |                                                      |                                                                                        |                                                                             |  |
| Name of Operator Contact: STORMI DAVIS     COG OPERATING LLC E-Mail: sdavis@concho.com                                                                                                                                                               |                                                                                                                                             |                                                                                                                               |                                                      | 9. API Well No.<br>30-015-37833                                                        |                                                                             |  |
| 3a. Address<br>2208 WEST MAIN<br>ARTESIA, NM 88210                                                                                                                                                                                                   |                                                                                                                                             | 3b. Phone No. (include area code) Ph: 575-748-6946                                                                            |                                                      |                                                                                        | 10. Field and Pool, or Exploratory CORRAL CANYON; BS, SOUTH                 |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                               |                                                                                                                                             |                                                                                                                               | 11. County or Parish, and State                      |                                                                                        |                                                                             |  |
| Sec 4 T26S R29E Mer NMP N                                                                                                                                                                                                                            | EDDY COUNTY, NM                                                                                                                             |                                                                                                                               |                                                      |                                                                                        |                                                                             |  |
| 12. CHECK APPI                                                                                                                                                                                                                                       | ROPRIATE BOX(ES) TO                                                                                                                         | ) INDICATE NATURE OF 1                                                                                                        | NOTICE, RI                                           | EPORT, OR OTHE                                                                         | R DATA                                                                      |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                   | TYPE OF ACTION                                                                                                                              |                                                                                                                               |                                                      |                                                                                        |                                                                             |  |
| ☐ Notice of Intent                                                                                                                                                                                                                                   | ☐ Acidize                                                                                                                                   | ☐ Deepen                                                                                                                      | ☐ Product                                            | ion (Start/Resume)                                                                     | ☐ Water Shut-Off                                                            |  |
| [] Notice of Intent                                                                                                                                                                                                                                  | ☐ Alter Casing                                                                                                                              | ☐ Fracture Treat                                                                                                              | ☐ Reclam                                             | ation                                                                                  | ☐ Well Integrity                                                            |  |
| Subsequent Report                                                                                                                                                                                                                                    | □ Casing Repair                                                                                                                             | ☐ New Construction                                                                                                            | ☐ Recomplete                                         |                                                                                        | Other                                                                       |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                           | ☐ Change Plans                                                                                                                              | □ Plug and Abandon                                                                                                            | ☐ Temporarily Abandon                                |                                                                                        |                                                                             |  |
|                                                                                                                                                                                                                                                      | ☐ Convert to Injection                                                                                                                      | ☐ Plug Back                                                                                                                   | ■ Water Disposal                                     |                                                                                        |                                                                             |  |
| 13. Describe Proposed or Completed Op-<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 | ally or recomplete horizontally,<br>it will be performed or provide<br>operations. If the operation re-<br>pandonment Notices shall be file | give subsurface locations and measurement the Bond No. on file with BLM/BIA sults in a multiple completion or recommendation. | ured and true ve<br>A. Required su<br>ompletion in a | ertical depths of all perting<br>bsequent reports shall be<br>new interval, a Form 316 | nent markers and zones.<br>filed within 30 days<br>60-4 shall be filed once |  |

5/22/14 MIRU. Load & test 9 5/8" x 5 1/2" annulus to 1400#. Good test. Perforate 12875-12885' (60). Perform injection test.

6/20/14 to 6/22/14 Perforate Bone Spring 8839-12825' (504). Acdz w/88348 gal 7 1/2%. Frac w/6319511# sand & 5200455 gal fluid.

6/24/14 Began flowing back & testing.

6/26/14 Date of first production.

7/14/14 to 7/15/14 Drill out all plugs.

Accepted for record 80) NMOCD 2/24/14

NM OIL CONSERVATION

ARTESIA DISTRICT

JUL 2 2 2014

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| 14. I hereby certify that t                                                                                                                                                                                                                               | he foregoing is true and correct.  Electronic Submission #253858 verifie  For COG OPERATING L |        |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name (Printed/Typed)                                                                                                                                                                                                                                      | STORMI DAVIS                                                                                  | Title  | PREPARER         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Signature                                                                                                                                                                                                                                                 | (Electronic Submission)                                                                       | Date   | 07/21/2014       | . + 134500. Th                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                           | THIS SPACE FOR FEDERA                                                                         | AL OR  | STATE OFFICE USE | d.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Approved By                                                                                                                                                                                                                                               | · <b>_</b>                                                                                    | Title  |                  | Date , was well as a superior of the superior |
| 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 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.

## Additional data for EC transaction #253858 that would not fit on the form

32. Additional remarks, continued

7/16/14 Set 2 7/8" 6.5# L-80 tbg @ 8809' & pkr @ 8057'. Installed gas-lift system.