

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Artesia

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.*

5. Lease Serial No.  
NMNM7752

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

8. Well Name and No.  
PASSION 1 FEDERAL COM PDK 5H

9. API Well No.  
30-015-42410

10. Field and Pool, or Exploratory  
EMPIRE

11. County or Parish, and State  
EDDY COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC  
Contact: CHASITY JACKSON  
E-Mail: cjackson@concho.com

3a. Address  
ONE CONCHO CENTER 600 W. ILLINOIS AVE  
MIDLAND, TX 79701

3b. Phone No. (include area code)  
Ph: 432-686-3087

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 1 T17S R29E Mer NMP NESE 1910FSL 180FEL

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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 Well Spud
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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 recompleat 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

10/3/14 Spud 17-1/2 @ 7AM. TD 17-1/2 @ 352. Ran 8jts 13-3/8 J55 54.5# @ 352. Cmt w/1000sx C. PD @ 4:53PM. Circ 476sx. WOC 18hrs. Test BOP to 2000# for 30min,ok.  
 10/4/14 TD 12-1/4 @ 1108. Ran 26jts 9-5/8 J55 40# @ 1108. Cmt w/250sx C. lead, 250sx C. tail. Circ 180sx. WOC 18hrs. Test BOP to 2000# for 30 min, ok. Drill 8-3/4 hole.  
 10/6/14 TD 8-3/4 vertical section, build curve KOP @ 3879.  
 10/9/14 TD 8-3/4 curve @ 4794. Drill 7-7/8 lateral 4794 - 9108.  
 10/12/14 TD 7-7/8 @ 9108MD 4423TVD. Ran 203jts 5-1/2 17# L80 @ 9104.  
 10/13/14 Cmt w/800sx C. lead, 1300sx C. tail. PD @ 12:45PM. Circ 160sx. WOC 24hrs. RR.

*APD 2/13/15*  
ACCEPTED FOR RECORD  
NMOCD

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #272420 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 02/03/2015**

Name (Printed/Typed) CHASITY JACKSON Title PREPARER

Signature (Electronic Submission) Date 10/21/2014

**ACCEPTED FOR RECORD**

FEB 11 2015

*Deborah Ham*  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

Approved By \_\_\_\_\_ Title \_\_\_\_\_

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.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***