

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

MAR 29 2016

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

ENTERED  
IN AFMSS

**SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.*

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

5. Lease Serial No.  
NMNM114969

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
OWL 20504 JV-P 1

9. API Well No.  
30-015-34749

10. Field and Pool, or Exploratory  
BRUSHY CANYON

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

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC

Contact: BRIAN MAIORINO  
E-Mail: bmaiorino@concho.com

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

3b. Phone No. (include area code)  
Ph: 432-221-0460

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 18 T26S R27E NESW 1980FSL 2080FWL

Accepted for Record  
NMOCD  
A.L.B.

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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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 recomplete 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 recompletion 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.)

01/21/16 MIRU Plugging equipment. ND Wellhead, NU BOP. POH w/ 65 jts of 2 7/8 tbg. 01/22/16 Tag plug @ 4112'. POH w/ all 2 7/8 tbg. Pump 30 BBLs and spotted 40 sxs class C cmt @ 4112-3740'. WOC.  
01/25/16 Tagged plug @ 3764'. Circulated hole w/ 60 bbls mud laden fluid. Pressure tested csg, held 500 psi. Spotted 25 sxs class C cmt @ 2911-1750'. Spotted 25 sxs class C cmt @ 2100-1750'. WOC.  
Tagged plug @ 1702'. Perf'd csg @ 408'. Sqz'd 45 sxs class C cmt @ 408-275'. WOC.  
01/26/16 Tagged plug @ 260'. Perf'd csg @ 100'. ND BOP. Mix, sqz'd, & circulated cmt to surface w/ 40 sxs class C cmt. Cleaned location, rigged down, and moved off.  
02/01/16 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.

RECLAMATION  
DUE 8-1-16

Accepted as to plugging of the well bore.  
Liability under bond is retained until  
Surface restoration is completed.

14. I hereby certify that the foregoing is true and correct.  
Electronic Submission #330854 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Carlsbad

Name (Printed/Typed) BRIAN MAIORINO Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 02/04/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By *James C. [Signature]* Title SAFT Date 3-22-16

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 [Signature]

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.