	OCD	Artesi	a					
Form 3160- 5 UNITED ST (August. 2007) DEPARTMENT OF T BUREAU OF LAND I			THE INTERIOR			FORM APPROVED OMB No. 1004- 0137 Expires: July 31, 2010		
	SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					5. Lease Serial No. NMNM054290 6. If Indian, Allottee, or Tribe Name		
abandoned well. Use Form 3160-3 (APD) for such proposals.								
SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA, Agreement Name and/or No.			
1.     Type of Well       X     Oil Well       Gas Well	Other				S. Well Name and No.			
2. Name of Operator	2. Name of Operator					Reposado Federal #3H		
COG Production LLC					9. API Well No.			
3a. Address 2208 W. Main Street		3b. Phone No. (include area code) 575-748-6946			30-015-40652			
Artesia, NM 88210			5/5-/4	48-6946	10. Field and Pool, or Exploratory Area			
4. Location of Well (Footage, Sec., T., R.,	M <sub>a</sub> or Survey Description)			Lat.	Corral Ca 11. County or Pa		Spring, South	
191' FNL & 1841' FWL, Lot 3 (NENW) Sec 2-T26S-R29		29E	DE Long.		Eddy		NM	
12. CHECK APPROPRIATE BOX	(S) TO INDICATE NATU	RE OF NC	TICE, REPOI	RT, OR OTHER D	ATA			
TYPE OF SUBMISSION			TY	PE OF ACTION				
Notice of Intent	Acidize	Deep	pen	Production ( S	tart/ Resume)	Water Shu	t-off	
	Altering Casing	Frac	ture Treat	Reclamation		Well Integ	rity	
Subsequent Report	Casing Repair	New	Construction	Recomplete		Other		
	Change Plans	Plug	and abandon	Temporarily A	bandon			
Final Abandonment Notice	Convert to Injection	Plug	back	X Water Disposa	1			
13. Describe Proposed or Completed of If the proposal is to deepen dire Attach the Bond under which the following completion of the involve testing has been completed. Final determined that the site is ready for final	ectionally or recomplete horizonta work will performed or provide ed operations. If the operation r Abandonment Notice shall be al inspection.)	illy, give su the Bond M esults in a filed only	ibsurface location No. on file with multiple completi after all required	is and measured and the BLM/ BIA, Req ion or recompletion i.	true vertical dep juired subsequent n a new interval,	oths or pertinent reports shall be a Form 3160-4	markers and sands. filed within 30 days shall be filed once	
Required Information for	•		:					
<ol> <li>Name of formation produce</li> <li>Amount of water produce</li> </ol>								
3) How water is stored on h								
4) How water is moved to c	÷							
5) Disposal Facility #1:								
	ne: COG Production LLC		ta ff1 (Ondan)					
c) Type of facility of we	ell name & number: Tesu	que 2 Stat	e #1 (Order :	SWD-1104-A)				
d) Location by 1/4, 1/4, Section, Township & Range: NENW, Sec 2-T26S-R29E								
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Name (Printed/ Typed) Stormi Davis	Title: Regulatory	Analyst ACCEPTED FOR I	RECORD
Signature: Alton Jan	Date: 9/3/15		116
THIS SPACE FOR F	EDERAL OR STATE O	FFICE USE	
Approved by:	Title:	RUDPAIL PAELAND MAC	VIGEMENT
Conditions of approval, if any are attached. Approval of this notice does not certify that the applicant holds legal or equitable title to those rights in the sul which would entitle the applicant to conduct operations		CARLSBAD FIELD (	DFFICE
Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a States any false, fictitiousor fraudulent statements or representations as to any matter with		gly and willfully to make any department or	agency of the United

(Instructions on page 2)

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