

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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.
NMNM114970

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

8. Well Name and No.
SCREECH OWL FEDERAL 1H

9. API Well No.
30-015-42825-00-S1

10. Field and Pool, or Exploratory
BONE SPRINGS
WELCH

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: STORMI DAVIS
E-Mail: sdavis@concho.com

3a. Address
600 W ILLINOIS AVENUE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 575-748-6946

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 19 T26S R27E Lot 1 50FNL 660FWL
32.034930 N Lat, 104.235180 W Lon

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
	<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 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.)

In response to the remarks noted on the attached sundry concerning TOC, another CBL was run 9/23/16 showing TOC @ 1490'. Due to a lightweight cement used in cementing the casing, the true TOC did not show up on the previous CBL. I have also attached the new CBL.

NM OIL CONSERVATION
ARTESIA DISTRICT

OCT 08 2016

RECEIVED

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

**Electronic Submission #352423 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 09/29/2016 (16/AS1902SE)**

Name (Printed/Typed) STORMI DAVIS Title PREPARER

Signature (Electronic Submission) Date 09/26/2016

ACCEPTED FOR RECORD

THIS SPACE FOR FEDERAL OR STATE OFFICE USE SEP 28 2016

BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

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.

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Operator

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

SUNDRY NOTICES AND REPORTS ON WELLS
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SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NNNM114970
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. SCREECH OWL FEDERAL 1H
4. Location of Well (Footage, Sec., T., R. M., or Survey Description) Sec 19 T26S R27E Lot 1 50FNL 660FWL 32.034930 N Lat, 104.235180 W Lon		9. API Well No. 30-015-42825-00-X1
		10. Field and Pool, or Exploratory WELCH
		11. County or Parish, and State EDDY COUNTY, NM

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

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4/25/16 to 4/30/16 Test csg to 8324#. Good test. Drill cmt, FC, FS & new formation to 17563'. Circ clean.

5/3/16 to 5/18/16 Test 9 5/8" x 5 1/2" annulus to 1500#. Good test. Ran CBL TOC @ 5960' Set CBP @ 17465'. Test to 8330# for 30 mins. Good test. Perforate Bone Spring 7650-17440' (T188). Acdz w/100884 gal 7 1/2% acid. Frac w/14846540# sand & 12239178 gal fluid.

5/20/16 Began flowing back & testing.

5/24/16 Date of first production.

6/1/16 to 6/5/16 Drill out all frac plugs & clean down to CBP @ 17465'.

Does not meet COAs. cement does not tie back into 95/6" casing. Submit remediation or variance sundry.

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

Electronic Submission #342186 verified by the BLM Well Information System
For COG OPERATING L.C. sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 06/16/2016 (16JAS1611SE)

Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 06/16/2016

ACCEPTED FOR RECORD
JUN 16 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

Approved By _____ Title _____ Date _____
Office _____

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