Form 3160-5 (June 2015)

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

OCD Artesia

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

Lease Serial No. NMNM103595

## 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.

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well					8. Well Name and No. CALI ROLL FEDERAL COM 2H BATTERY			
☑ Oil Well ☐ Gas Well ☐ Other					9. API Well No.			
2. Name of Operator Contact: AMANDA AVERY COG OPERATING LLC E-Mail: aavery@concho.com					30-015-39388			
3a. Address       3b.         2208 W MAIN STREET       Ph         ARTESIA, NM 88210       RATESIA, NM 88210			3b. Phone No. (include area code) Ph: 575-748-6940		Field and Pool or Exploratory Area     WILDCAT; LOWER BONE SPRG			
4. Location of Well (Footage, Sec., T.			11. County or Parish, State					
Sec 24 T26S R25E NENE 330			EDDY COUNTY	, NM				
12. CHECK THE AF	PROPRIATE BOX(ES)	TO INDICA	ΓE NATURE OF	F NOTICE,	REPORT, OR OTH	IER DAT	A	
TYPE OF SUBMISSION TYPE OF ACTION								
CY	☐ Acidize	☐ Deep	☐ Deepen		☐ Production (Start/Resume)		☐ Water Shut-Off	
☐ Notice of Intent	☐ Alter Casing ☐		raulic Fracturing	☐ Reclamation		■ Well Integrity		
Subsequent Report     ■     Subsequent Report     Subsequent Report	☐ Casing Repair ☐ N		Construction	☐ Recomplete		<b>⊠</b> Other		
☐ Final Abandonment Notice ☐ Change Plan		☐ Plug	and Abandon	☐ Tempor	□ Temporarily Abandon			
	Convert to Injection	Plug	☐ Plug Back		☐ Water Disposal			
testing has been completed. Final Abandonment Notices must be filed only after all determined that the site is ready for final inspection.  COG Operating LLC respectfully requests to designate Meter # 1095 measurement point (FMP) for gas produced from this well. (Please signarm.) The FMP meter is located on lease NMNM103595 at the battery. Meter meets API and AGA standards and will measure and all federal requirements and regulations.  RECEIVED  Accepted for record. NMOCD  APR 19 2018			33 as the official see attached site Cali Roll 24 Fed be calibrated in	facility e facility leral Com # compliance	2H	CORD	ator has	
14. I hereby certify that the foregoing is true and correct.  Electronic Submission #398869 verified by the BLM Well Information System								
For COG OPERATING LLC, sent to the Carlsbad  Committed to AFMSS for processing by DEBORAH MCKINNEY on 02/28/2018 ()								
Name (Printed/Typed) AMANDA	Title AUTHORIZED REPRESENTATIVE							
Name (17 meas 1 ypeas) ANNANDA								
Signature (Electronic	Date 12/21/2017							
	THIS SPACE F	OR FEDERA	AL OR STATE	OFFICE U	JSE			
Assessed Du			Title			Da	ite	
Approved By  Conditions of approval, if any, are attached. Approval of this notice does not warrant or			Title					
certify that the applicant holds legal or eq which would entitle the applicant to cond	Office							
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations a	a crime for any p s to any matter w	erson knowingly and ithin its jurisdiction	d willfully to n	nake to any department or	r agency of	the United	

