UNITED STATES DEPARTMENT OF THE INTERIOR SDAR FIELD OF BUREAU OF LAND MANAGEMENT

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

5. Lease Serial No.
NMI C028731A

Do not use this form for proposals to drill or to re-enter an					NMLCU28/31A			
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. NMNM111789X			
1. Type of Well Gas Well Other: COAL BED METHANE					8. Well Name and No. DODD FEDERAL UNIT 925H			
2. Name of Operator Contact: ROBYN RUSSELL COG OPERATING LLC E-Mail: rrussell@concho.com					9. API Well No. 30-015-45111-00-X1			
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No finelyde CONSERVATIO Ph: 432-689-585 CONSERVATIO ARTESIA DISTRICT			N ^{0.} Field and Pool or Exploratory Area DODD-GLORIETA-UPPER YESO				
4. Location of Well (Footage, Sec., T	FEB 1 4 2019		11. County or Parish, State EDDY COUNTY, NM					
Sec 15 T17S R29E SWSE 10 32.827351 N Lat, 104.058968								
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, I						R OTHER	DATA	
TYPE OF SUBMISSION TYPE OF ACTION								
□ Notice of Intent	☐ Acidize	☐ Dee	epen Pro		duction (Start/Resume)		Water Shut-Off	
_	☐ Alter Casing	☐ Hydraulic Fracturing		□ Reclam	□ Reclamation] Well Integrity	
Subsequent Report	□ Casing Repair		■ New Construction		☐ Recomplete		Other	
☐ Final Abandonment Notice	□ Change Plans	□ Plug and Abandon		□ Temporarily Abandon		D	Drilling Operations	
	☐ Convert to Injection	☐ Plug	Back	☐ Water Disposal				
11/08/18 Drill out DV tool @ 3862'. 11/09/18 Tested casing to 6500# for 30 mins, good test. 11/30/18-12/02/18 Frac and acidize 20 stages, sleeves @ 4915'-9543' w/36,600 gals 15% HCL. 34,844 gals treated water, 3,671,934 gals slick water, 1,919,260# 100 mesh sand, 1,520,160# 40/70 Permian sand, 400,860# 40/70 RCS. 12/09/18 Drill out sleeves and clean out to PBTD 9650'. 12/11/18 RIH w/ESP, 157jts 2-7/8" J55 tbg, EOT @ 5059'. Accepted For Record NMOCD MOCCD							icord M, 19	
14. I hereby certify that the foregoing is true and correct.							-14	
. ,	Electronic Submission #	PERATING L	.C, sent to the C	arlsbad	-)		
Name (Printed/Typed) ROBYN R		Title REGULATORY ANALYST						
Signature (Electronic S	Submission)	<u>-</u> -	Date 02/07/2019					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
			AUGERI	eu fur	TECORE	1		
_Approved By		title				Date		
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu		Office	EC 13 29	0 ' 9 /s/	Jonath	on Shepard		
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 as	crime for any pe to any matter w	ithm its Application	# 1500 MA	MATERIAL	tipent or ager	ncy of the United	
(Instructions on page 2)			UARL	SBAJTEL	Citable -	1		