

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC One Concho Center 600 W. Illinois Ave. Midland, TX 79701		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW Effective 12/27/16
⁴ API Number 30 - 025 - 43284	⁵ Pool Name Maljamar; Yeso, West	⁶ Pool Code 44500
⁷ Property Code 40134	⁸ Property Name Sneed 9 Federal Com	⁹ Well Number 11H

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II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	9	17S	32E		470	North	150	West	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	10	17S	32E		352	North	965	West	Eddy

¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 12/27/16	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
27841	Navajo Refining Company	O
36785	Frontier Energy Services	G

IV. Well Completion Data

²¹ Spud Date 10/19/16	²² Ready Date 12/27/16	²³ TD 11,688MD 5774TVD	²⁴ PBSD 11,571	²⁵ Perforations 6061 - 11551	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17-1/2	13-3/8	750	750sx		
12-1/4	9-5/8	2265	675sx		
8-3/4	7	5041			
8-3/4	5-1/2	11,638	2650sx		
	2-7/8 tbg	5140			

V. Well Test Data

³¹ Date New Oil 12/28/16	³² Gas Delivery Date 12/28/16	³³ Test Date 12/30/16	³⁴ Test Length 24hrs	³⁵ Tbg. Pressure 70	³⁶ Csg. Pressure 70
³⁷ Choke Size	³⁸ Oil 355	³⁹ Water 3504	⁴⁰ Gas 453		⁴¹ Test Method P

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:  Printed name: Kanicia Castillo Title: Lead Regulatory Analyst E-mail Address: kcastillo@concho.com Date: 1/31/17	OIL CONSERVATION DIVISION Approved by:  Title: Petroleum Engineer Approval Date: 02/03/17	
	Phone: 432-685-4332	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

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1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other		5. Lease Serial No. NMNM0315712	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____		6. If Indian, Allottee or Tribe Name	
2. Name of Operator COG OPERATING LLC		7. Unit or CA Agreement Name and No.	
Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		8. Lease Name and Well No. SNEED 9 FEDERAL COM 11H	
3. Address 600 W ILLINOIS AVE ONE CONCHO CENTER MIDLAND, TX 79701		9. API Well No. 30-025-43284	
3a. Phone No. (include area code) Ph: 432-685-4332		10. Field and Pool, or Exploratory MALJAMAR; YESO, WEST	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 9 T17S R32E Mer NMP At surface Lot D 470FNL 150FWL Sec 9 T17S R32E Mer NMP At top prod interval reported below Lot D 353FNL 330FWL Sec 10 T17S R32E Mer NMP At total depth Lot D 352FNL 965FWL		11. Sec., T., R., M., or Block and Survey or Area Sec 9 T17S R32E Mer NMP	
14. Date Spudded 10/19/2016		12. County or Parish LEA	
15. Date T.D. Reached 10/05/2016		13. State NM	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/27/2016		17. Elevations (DF, KB, RT, GL)* 4089 GL	
18. Total Depth: MD 11688 TVD 5774		19. Plug Back T.D.: MD TVD	
20. Depth Bridge Plug Set: MD TVD		21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)		Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)	
Directional Survey? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis)			

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	9.625 J55	40.0		2265		675			
8.750	7.000 L80	29.0		5041					
8.750	5.000 L80	17.0		11638		2650			
17.500	13.375 J55	54.5	0	958		750		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	5140							

25. Producing Intervals			26. Perforation Record				
Formation	Top	Bottom	Perforated Interval		Size	No. Holes	Perf. Status
A) YESO	6061	11551	6061 TO 11551		0.430	1260	OPEN
B)							
C)							
D)							

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
6061 TO 11551	ACIDIZE W/ 140,112 15% ACID, FRAC W/ 491,652 GALS TREATED WATER, 8,529,822 GALS SLICK WATER,

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
12/28/2016	12/30/2016	24	→	355.0	453.0	3504.0	36.2	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI		70.0	→	355	453	3504	1276	POW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production →	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate →	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top
					Meas. Depth
RUSTLER	924		SANDSTONE SANDSTONE & DOLOMITE DOLOMITE & LIMESTONE DOLOMITE & ANHYDRITE	RUSTLER	924
QUEEN	3208			QUEEN	3208
GRAYBURG	3663			GRAYBURG	3663
SAN ANDRES	3957			SAN ANDRES	3957
PADDOCK	5551			PADDOCK	5551

32. Additional remarks (include plugging procedure):
Logs will be submitted in WIS.

33. Circle enclosed attachments:

- 1. Electrical/Mechanical Logs (1 full set req'd.)
- 2. Geologic Report
- 3. DST Report
- 4. Directional Survey
- 5. Sundry Notice for plugging and cement verification
- 6. Core Analysis
- 7. Other:

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

**Electronic Submission #365427 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) KANICIA CASTILLO Title PREPARER

Signature _____ (Electronic Submission) Date 01/31/2017

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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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.

HOBBS OCD
FEB 09 2017
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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0315712
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-685-4332		8. Well Name and No. SNEED 9 FEDERAL COM11H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E Mer NMP 470FNL 150FWL		9. API Well No. 30-025-43284
		10. Field and Pool or Exploratory Area MALJAMAR;YESO,WEST
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Drilling Operations
	<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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

11/17/16 Test csg to 4500psi for 15min, good.
 11/18/16 Drilled 26' of new formation to 11,688.
 11/22/16 Pressure test frac valve to 7300#, good test.
 11/22/16 - 12/08/16 Perf 35 stages @ 6061 ? 11,551 w/6 SPF, 1260 holes. Acidize 35 stages w/140,112 gals 15% HCL. Frac w/491,652 gals treated water, 8,529,822 gals slick water, 2,598,480# 100 mesh sand, 4,681,360# 40/70 Arizona sand, 986,820# 40/70 CRC.
 12/18/16 ? 12/22/16 Drill out plugs. Clean out to PBSD 11,571.
 12/27/16 RIH w/ESP, 146jts 2-7/8" J55 tbg, EOT @ 5140. Hang on.

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

**Electronic Submission #364934 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/25/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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FEB 02 2017
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SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0315712
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	8. Well Name and No. SNEED 9 FEDERAL COM 11H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E Mer NMP 470FNL 150FWL		9. API Well No. 30-025-43284
		10. Field and Pool or Exploratory Area MALJAMAR;YESO,WEST
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Drilling Operations
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Please see attached logs.

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

**Electronic Submission #365429 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/31/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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 _____

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(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
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FEB 02 2017

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM0315712
2. Name of Operator COG OPERATING LLC Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4332	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E Mer NMP 470FNL 150FWL		8. Well Name and No. SNEED 9 FEDERAL COM 11H
		9. API Well No. 30-025-43284
		10. Field and Pool or Exploratory Area MALJAMAR;YESO,WEST
		11. County or Parish, State LEA COUNTY, NM

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

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<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"/> Hydraulic Fracturing	<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 Site Facility Diagram/Security Plan
	<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 recomplate 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Please see attached facility diagram.

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

**Electronic Submission #365428 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/31/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

SITE FACILITY DIAGRAM

SNEED 9 FED COM 2H BATTERY
 NE/4 NE/4, SECT 36, T17S, R28E
 LEASE NO.:NMNM0315712

WELLS:

SNEED 9 FEDERAL COM #11H - 30-015-43284
 SNEED 9 FEDERAL COM #13H - 30-01543285
 SNEED 9 FEDERAL COM #23H - 30-015-4140
 SNEED 9 FEDERAL COM #2H - 30-015-41409
 SNEED 9 FEDERAL COM #21H - 30-015-41489

Production Phase - Oil Tank #1

- Valve 1 open
- Valves 2 and 3 closed
- Valves 4, 5, and 6 open
- Valves 7, 8, and 9 closed
- Valves 10, 11, and 12 closed

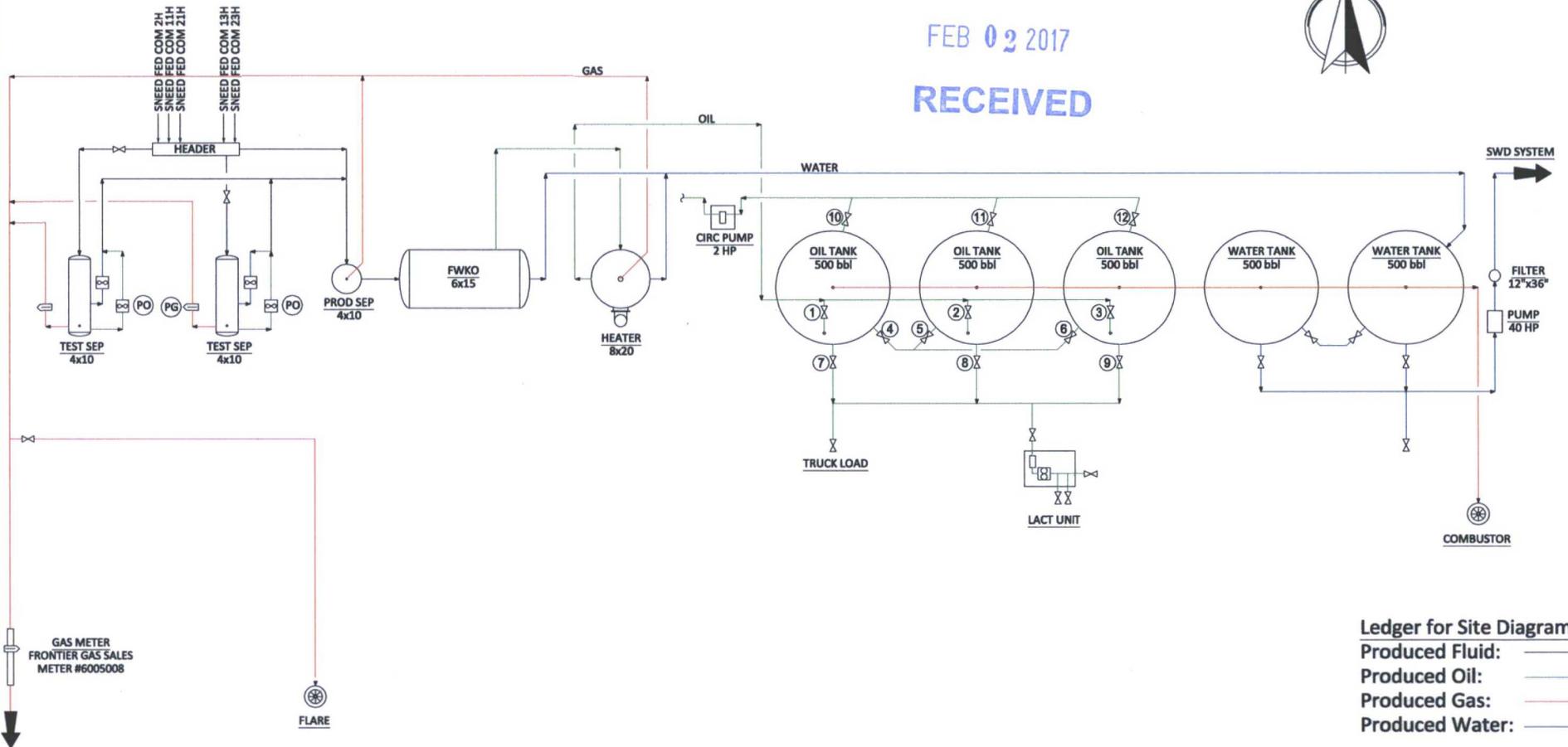
Sales Phase - Oil Tank #1

- Valve 1 closed
- Valves 2 or 3 open
- Valve 4 closed
- Valves 5 and 6 open
- Valve 7 open
- Valves 8 and 9 closed
- Valves 10, 11, and 12 closed

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FEB 02 2017

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Ledger for Site Diagram

- Produced Fluid: —
- Produced Oil: —
- Produced Gas: —
- Produced Water: —



Location of Site Security Plan:
COG OPERATING, LLC.
 600 W. Illinois
 Midland, TX 79701

COG OPERATING, LLC.

DATE: January 24, 2017

DRAWN BY: KHINSHAW

SITE FACILITY DIAGRAM

SNEED FED COM 2H TANK BATTERY

EDDY COUNTY, NEW MEXICO

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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SUBMIT IN TRIPLICATE - Other instructions on page 2

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3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 432-685-4332		8. Well Name and No. SNEED 9 FEDERAL COM 11H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E Mer NMP 470FNL 150FWL		9. API Well No. 30-025-43284
		10. Field and Pool or Exploratory Area MALJAMAR;YESO,WEST
		11. County or Parish, State LEA COUNTY, NM

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<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<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 type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input checked="" 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 recomplate 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

COG Operating LLC, respectfully requests this water disposal method for the following battery.

Sneed 2H battery

Producing Formation: Maljamar;Yeso, West

Amount Produced: 97 BWPD

Water stored in 500 bbl Water Tank

Water is transported by 4" DR9 Polypipe to COG's 8" main line water system. The water doesn't go to a particular well, it is distributed into the main water system and is distributed into either the Jenkins B Water Flood WFX-861 or the disposal wells in the system at the Empire Area. The Empire Area wells include the following:

GJ West Coop Unit Water Flood WFX-245-0

Chase 21 State Com 1 SWD - 30-015-30874 SWD-1007

Big George SWD 3 - 30-015-28759 SWD-611

14. I hereby certify that the foregoing is true and correct. Electronic Submission #365433 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) KANICIA CASTILLO	Title PREPARER
Signature (Electronic Submission)	Date 01/31/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date _____
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.

(Instructions on page 2)

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****

Additional data for EC transaction #365433 that would not fit on the form

32. Additional remarks, continued

Muskegon 16 State Com 1 SWD - 30-015-27108 SWD-624