

Initial Application Part I

Received: 07/17/2019

This application is placed in file for record. It MAY or MAY NOT have been reviewed to be determined Administratively Complete

RECEIVED: 07/17/2019	REVIEWER: MAM	TYPE: OLM	APP NO: pMAM1919841031
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

NEW MEXICO OIL CONSERVATION DIVISION
 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



ADMINISTRATIVE APPLICATION CHECKLIST

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: COG Operating LLCOGRID Number: 229137Well Name: Bonaid Federal Com 14H; Bonaid Federal Com 15HAPI: 30-025-45058; 30-025-45057Pool: Wildcat; WolfbonePool Code: 98098

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

1) **TYPE OF APPLICATION:** Check those which apply for [A]

OLM-168

A. Location - Spacing Unit - Simultaneous Dedication

☐ NSL☐ NSP (PROJECT AREA)☐ NSP (PRORATION UNIT)☐ SD

B. Check one only for [I] or [II]

[I] Commingling - Storage - Measurement

☐ DHC☐ CTB☐ PLC☐ PC☐ OLS☒ OLM

[II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery

☐ WFX☐ PMX☐ SWD☐ IPI☐ EOR☐ PPR2) **NOTIFICATION REQUIRED TO:** Check those which apply.A. ☐ Offset operators or lease holdersB. ☒ Royalty, overriding royalty owners, revenue ownersC. ☐ Application requires published noticeD. ☐ Notification and/or concurrent approval by SLOE. ☒ Notification and/or concurrent approval by BLMF. ☐ Surface ownerG. ☒ For all of the above, proof of notification or publication is attached, and/or,H. ☐ No notice required**FOR OCD ONLY**☐

Notice Complete

☐Application
Content
Complete

3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Debora L. Wilbourn

Print or Type Name

Date

7/17/19575-748-6958

Phone Number

dwilbourn@concho.com

e-mail Address

Signature

Submit 1 Copy To Appropriate District Office

District I – (575) 393-6161

1625 N. French Dr., Hobbs, NM 88240

District II – (575) 748-1283

811 S. First St., Artesia, NM 88210

District III – (505) 334-6178

1000 Rio Brazos Rd., Aztec, NM 87410

District IV – (505) 476-3460

1220 S. St. Francis Dr., Santa Fe, NM

87505

State of New Mexico
Energy, Minerals and Natural ResourcesOIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505Form C-103
Revised July 18, 2013

SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.)		WELL API NO. 30-025-45058
1. Type of Well: Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other SWD <input type="checkbox"/>		5. Indicate Type of Lease STATE <input checked="" type="checkbox"/> FEE <input type="checkbox"/>
2. Name of Operator COG OPERATING LLC		6. State Oil & Gas Lease No. NMNM134886
3. Address of Operator 2208 W Main St. Artesia, NM 88210		7. Lease Name or Unit Agreement Name BONAID FEDERAL COM
4. Well Location Unit Letter <u>D</u> : <u>210</u> feet from the <u>NORTH</u> line and <u>1110</u> feet from the <u>WEST</u> line Section <u>17</u> Township <u>24S</u> Range <u>35E</u> NMPM County <u>LEA, NM</u>		8. Well Number 14H
11. Elevation (<i>Show whether DR, RKB, RT, GR, etc.</i>)		9. OGRID Number 229137
10. Pool name or Wildcat WOLFBONE		

12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO: PERFORM REMEDIAL WORK <input type="checkbox"/> PLUG AND ABANDON <input type="checkbox"/> TEMPORARILY ABANDON <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> MULTIPLE COMPL <input type="checkbox"/> DOWNHOLE COMMINGLE <input type="checkbox"/> CLOSED-LOOP SYSTEM <input type="checkbox"/> OTHER: <u>Surface Commingle</u> <input checked="" type="checkbox"/>	SUBSEQUENT REPORT OF: REMEDIAL WORK <input type="checkbox"/> ALTERING CASING <input type="checkbox"/> COMMENCE DRILLING OPNS. <input type="checkbox"/> P AND A <input type="checkbox"/> CASING/CEMENT JOB <input type="checkbox"/> OTHER: <input type="checkbox"/>
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13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of proposed completion or recompletion.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

COG Operating, LLC would like to request approval to Surface Commingle production on shared well pad.

BONAID FEDERAL COM 14H SEC. 17, NENW T24S-R35E 30-025-45058

BONAID FEDERAL COM 15H SEC. 17, NENW T24S-R35E 30-02545057

Please see attached detailed commingling information, diagram and maps.

SIGNATURE Jeanette Barron TITLE Regulatory Analyst DATE 07.16.19 Type or print name

Jeanette Barron E-mail address: jbarron@concho.com PHONE: 575-748-6974

For State Use Only

APPROVED BY: _____ TITLE _____ DATE _____
 Conditions of Approval (if any):

RECEIVED: 07/17/2019	REVIEWER: MAM	TYPE: OLM	APP NO: pMAM1919841031
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 - Geological & Engineering Bureau -
 1220 South St. Francis Drive, Santa Fe, NM 87505



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 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

Applicant: <u>COG Operating LLC</u>	OGRID Number: <u>2291 3</u>
Well Name: <u>Bonaid Federal Com 14H; Bonaid Federal Com 15H</u>	API: <u>30-025-45058; 30-025-45057</u>
Pool: <u>Wildcat; Wolfbone</u>	Pool Code: <u>98098</u>

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION
 INDICATED BELOW**

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☐ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD
- B. Check one only for [I] or [II]
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☐ DHC ☒ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM
- [II] Injection – Disposal – Pressure Increase – Enhanced Oil Recovery
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

2) **NOTIFICATION REQUIRED TO:** Check those which apply.

- A. ☐ Offset operators or lease holders
 B. ☒ Royalty, overriding royalty owners, revenue owners
 C. ☐ Application requires published notice
 D. ☐ Notification and/or concurrent approval by SLO
 E. ☒ Notification and/or concurrent approval by BLM
 F. ☐ Surface owner
 G. ☐ For all of the above, proof of notification or publication is attached, and/or,
 H. ☒ No notice required

FOR OCD ONLY

- ☐ Notice Complete
☐ Application
 Content
 Complete

- 3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

Note: Statement must be completed by an individual with managerial and/or supervisory capacity.

Debora L. Wilbourn

Print or Type Name

Debora L. Wilbourn

Signature

7/15/2019
 Date

575-748-6958

Phone Number

dwilbourn@concho.com

e-mail Address



July 15, 2019

NM Oil Conservation Division
Attn: Michael McMillan
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

RE: Application for CTB and Off-lease Measurement
Bonaid Federal Com 14H, API# 30-025-45058, Ut. D, Sec. 17-T24S-R35E, Lea County, NM
Bonaid Federal Com 15H, API# 30-025-45057, Ut. D, Sec. 17-T24S-R35E, Lea County, NM

Dear Mr. McMillan,

COG Operating LLC (COG), respectfully requests approval for surface lease commingling (CTB) and off-lease measurement of oil and gas for the referenced wells.

The Bonaid wells have identical ownership in identical percentages, therefore, no owner notification is required. A letter from the responsible COG landman stating this fact is enclosed with this application.

Please see the following enclosed documents: Administrative Application Checklist, C-102 plats for referenced wells, lease map depicting communitization agreement boundaries with associated wellbores, site facility diagram, facility and flowline imagery map, oil offload station map, letter from COG landman.

Production from the Bonaid Federal Com 14H and 15H each will enter into their own dedicated 3-phase inlet vessel. Oil and gas from each vessel will be continuously measured with allocation meters.

In addition, oil production from these wells may also be transported by truck to either the Red Hills Offload Station, located in Unit O, Section 4-T26S-R32E, or the Jal Offload Station, located in Unit D, Section 4-T26S-R37E, Lea County in the event the on-lease tanks are over capacity or in the case of battery or pipeline repairs. In this case the oil will remain segregated and will be measured by LACT meter when offloading at said stations.

Thank you for your attention to this matter. If you have questions or need further information, please email me at dwilbourn@concho.com or call 575.748.6958.

Sincerely,

A handwritten signature in blue ink that reads "Debora L. Wilbourn".

Debora L. Wilbourn
Production Compliance Lead

Enclosures

xc: Hobbs OCD

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P 432.683.7443 | F 432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P 575.748.6940 | F 575.746.2096

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3480 Fax: (505) 476-3482

1/11/17
Certificate No. CHAD HARCROW 17777
W.O. # 17-1611 DRAWN BY: JH

DISTRICT I
1625 N. FRENCH DR., HOBBBS, NM 88240
Phone: (575) 393-0161 Fax: (575) 393-0720

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-0720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-025-45057	Pool Code 98098	Pool Name Wildcat; Wolfbone
Property Code 322226	Property Name BONAIID FEDERAL COM	Well Number 15H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 3376.5'

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	17	24-S	35-E		210	NORTH	1080	WEST	LEA

Bottom Hole Location If Different From Surface

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
M	20	24-S	35-E		200	SOUTH	990	WEST	LEA

Dedicated Acres	Joint or Infill	Consolidation Code	Order No.
320			

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

<p>NAD 83 NME SURFACE LOCATION Y=446568.5 N X=831636.7 E LAT.=32.224207° N LONG.=103.394575° W</p> <p>NAD 83 NME PROPOSED BOTTOM HOLE LOCATION Y=436417.1 N X=831637.2 E LAT.=32.196305° N LONG.=103.394860° W</p> <p>Y=436207.8 N X=830649.1 E</p>	<p>210' S.L.</p> <p>1080' 2"</p> <p>330' FNL & 990' FWL LAT.=32.223877° N LONG.=103.394866° W GRID AZ. TO FTP 216°20'22"</p> <p>LEASE X-ING LAT.=32.217525° N LONG.=103.394865° W</p> <p>LEASE X-ING LAT.=32.210294° N LONG.=103.394863° W</p> <p>GRID AZ. - 179°29'21" HORZ. DIST. - 100°30'9"</p> <p>330' FSL & 990' FWL LAT.=32.196663° N LONG.=103.394860° W</p> <p>Y=436220.2 N X=831971.9 E</p>	<p>SECTION 17</p> <p>SECTION 20</p>	<p>OPERATOR CERTIFICATION</p> <p>I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Deborah L. Wilbourn</i> Signature Date <u>7/15/2019</u></p> <p><u>Deborah L. Wilbourn</u> Printed Name</p> <p><u>dwillbourn@concho.com</u> E-mail Address</p> <p>SURVEYOR CERTIFICATION</p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>DECEMBER 21, 2017 Date of Survey</p> <p>Signature & Seal of Professional Surveyor</p> <p> Chad L. Harcrow 1/11/18 Certificate No. CHAD HARCROW 17777 W.O. # 17-1612 DRAWN BY: JH</p>
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Sec. 17, 20-T24S-R35E
Lea County, NM

- Wolfbone SHL
- Wolfbone BHL
- Proposed Wolfbone CA



Bonaid Federal 17 D CTB
SECTION 17, T24S, R35E, UNIT D
COORDS: 32.223108, -103.394480
LEA COUNTY, NM

WELLS:
Bonaid Federal Com 14H 30-025-45058
Bonaid Federal Com 15H 30-025-45057

METERS

(O1) Tester #1 Oil Meter # _____
 (G1) Tester #1 Gas Meter # _____
 (W1) Tester #1 Water Meter # _____
 (O2) Tester #2 Oil Meter # _____
 (G2) Tester #2 Gas Meter # _____
 (W2) Tester #2 Water Meter # _____

METERS

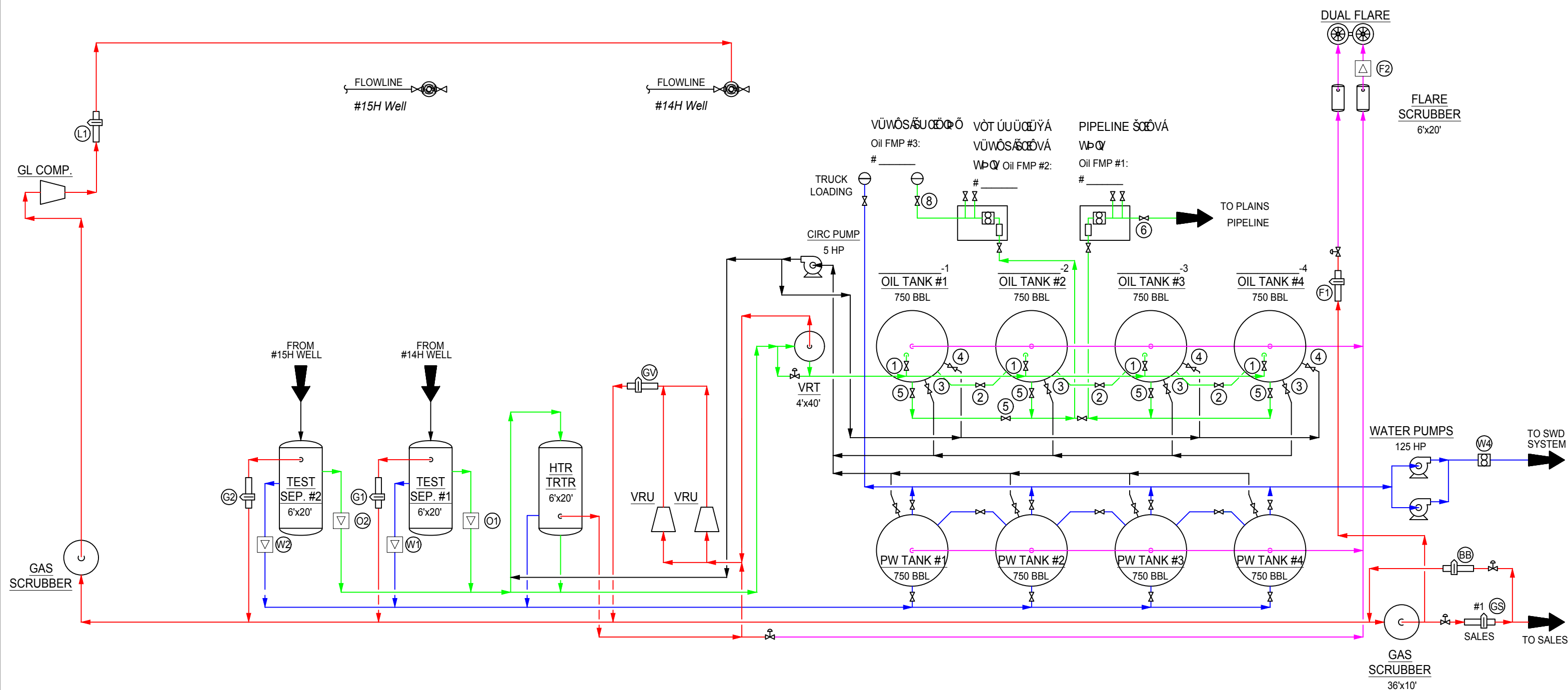
(F1) HP Flare Gas Meter # _____
(F2) LP Flare Gas Meter # _____
(W4) Water Transfer Meter # _____
(GV) VRU Gas Meter # _____
(GS) FMP Gas Sales Meter #1 # _____
(BB) Gas By Back Meter # _____
(L1) Gas Lift Meter # _____

Production Phase/Sales Phase

- (1) Valve 1 Open
- (2) Valve 2 Open
- (3) Valve 3 and 4 Closed
- (4) Valve 5 Open
- (5) Valve 6 Open
- (6) Valve 7 Locked Closed
- (7) Valve 8 Locked Closed during Pipeline Sales
- (8) Valve 7 and 8 Open during truck hauling

FACILITY VOLUME

- OIL: __,000 BPD
- WATER: __,000 BPD
- GAS: MMSCFD



NOTES:

Type of Facility: Federal
SHL Lease#: NMNM134886
BHL Lease#: NMNM134886
CA#: to be provided
NMOCD Property Code#: 322226
NMOCD OGRID#: 229137

Site Diagram Legend

Produced Fluid: —
Produced Oil: —
Produced Gas: —
Produced Water: —
Flare/Vent: —

CONFIDENTIALITY NOTICE

THIS DRAWING IS PROPERTY
OF COG OPERATING LLC AND
IS LENT TO THE BORROWER
FOR CONFIDENTIAL USE ONLY
AND IS SUBJECT TO RETURN
UPON REQUEST AND SHALL
NOT BE REPRODUCED,
COPIED, LENT OR OTHERWISE
DISPOSED OF DIRECTLY OR
INDIRECTLY, NOR USED FOR
ANY PURPOSE OTHER THAN
THAT WHICH IT IS
SPECIFICALLY FURNISHED.

REFERENCE DRAWINGS

[illegible]

REVISIONS

[illegible]

ENGINEERING RECORD

BY	DATE
DRN:	
DES:	
CHK:	
APP:	
AFE NO:	
FACIL ENGR:	R. Murphy
OPER ENGR:	



NORTH DELAWARE BASIN ASSE
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM

LEA COUNTY

DWG NO.	
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NEW MEXICO

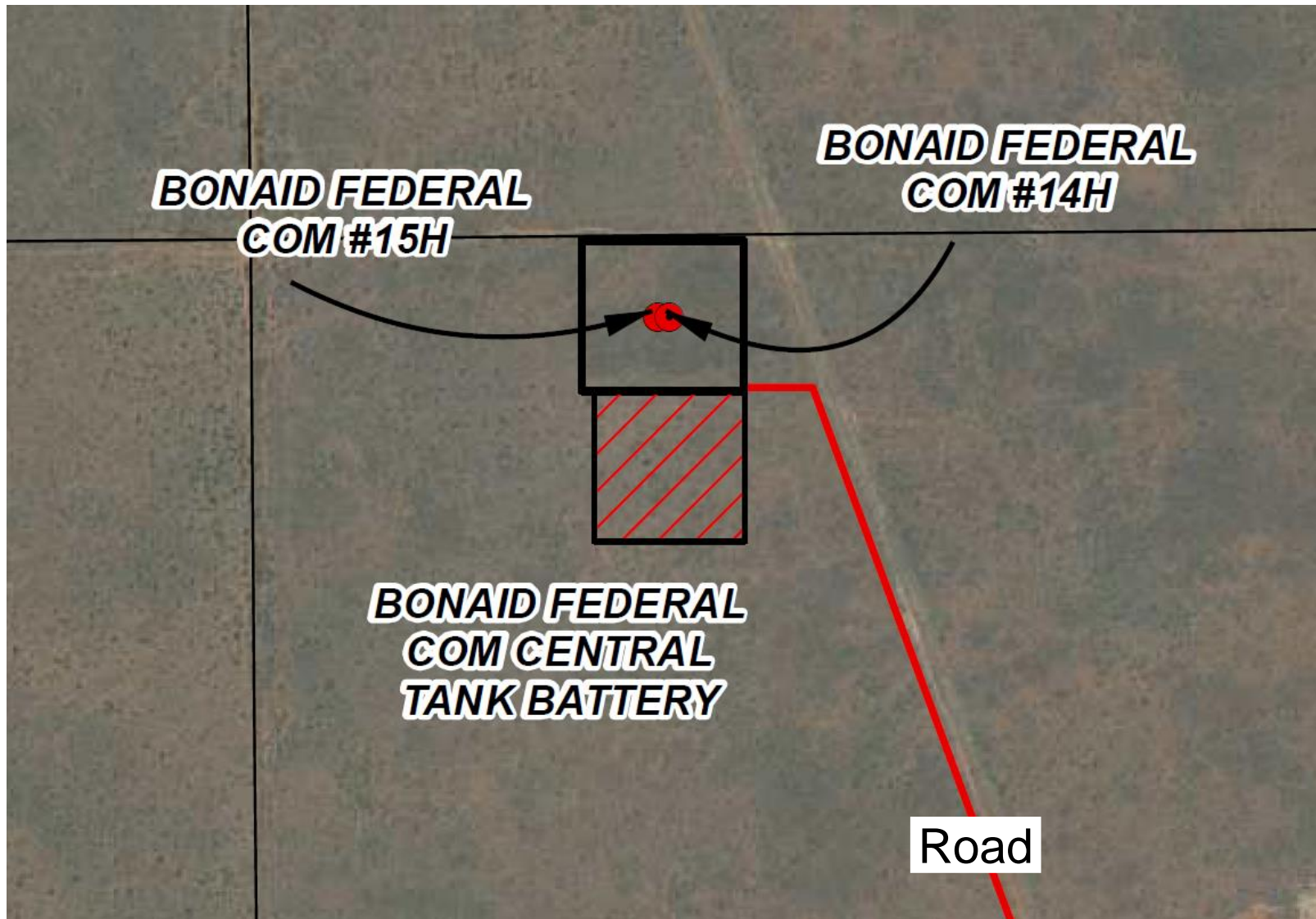
REV

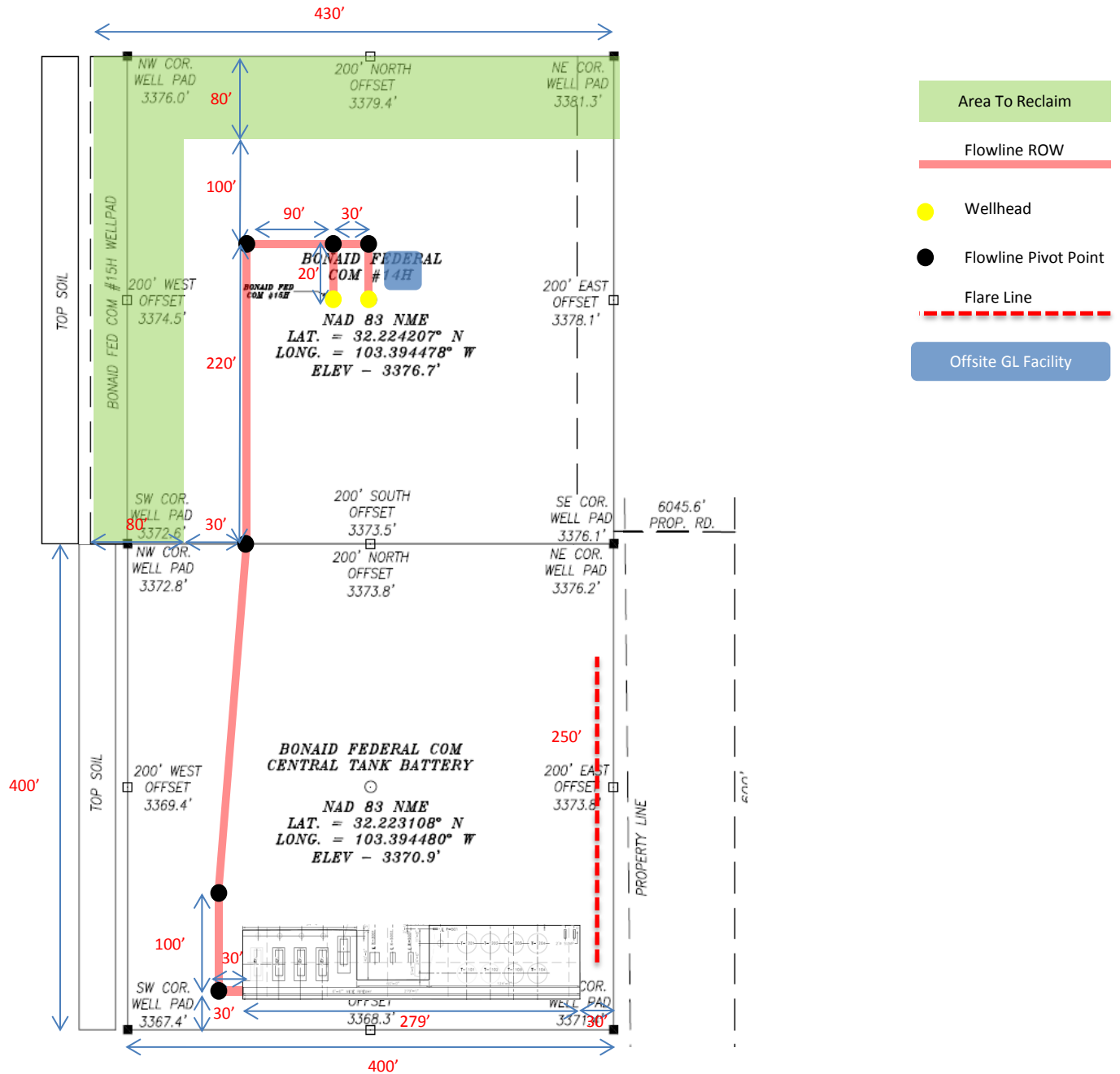
**BONAID FEDERAL
COM #15H**

**BONAID FEDERAL
COM #14H**

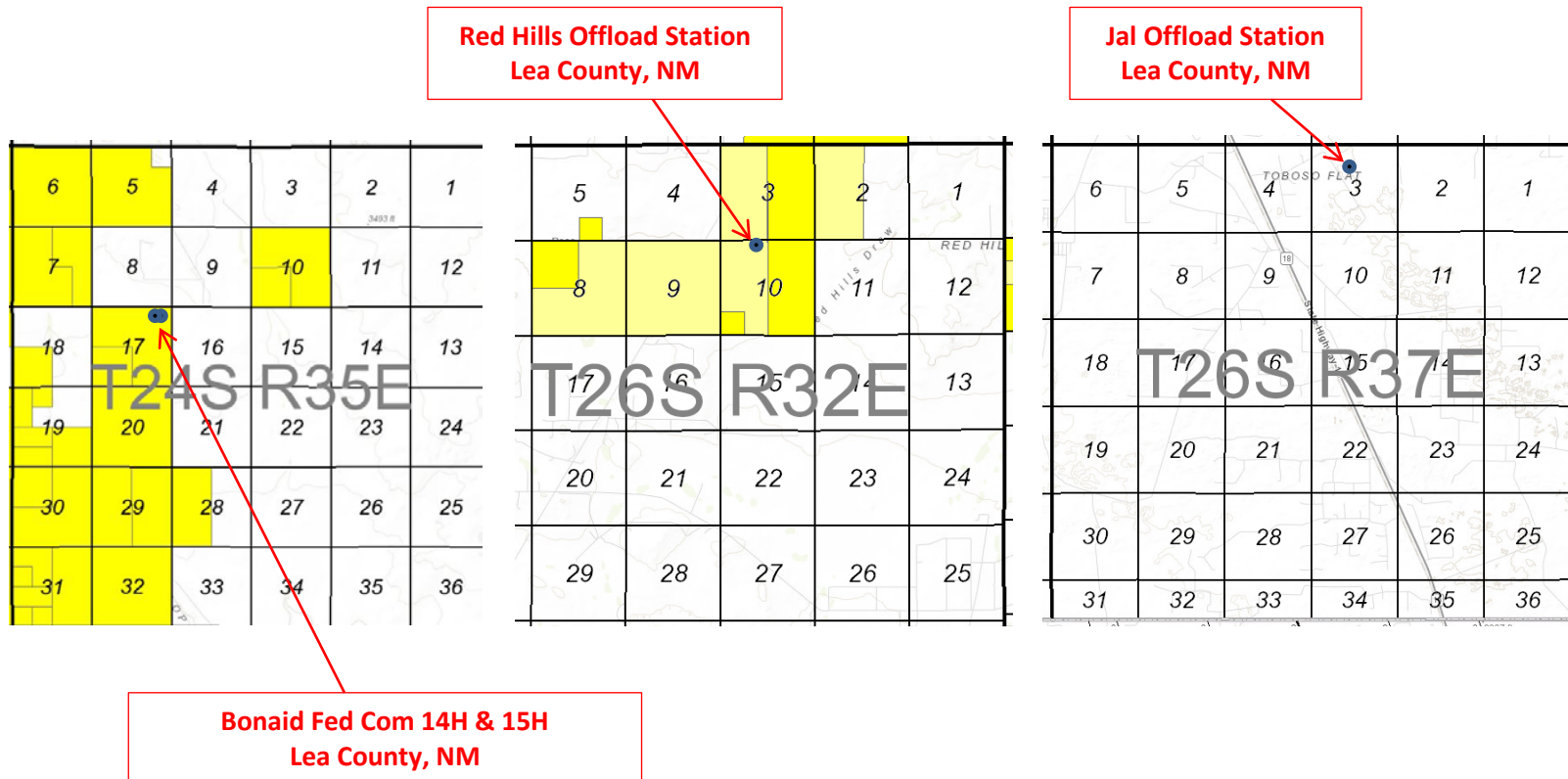
**BONAID FEDERAL
COM CENTRAL
TANK BATTERY**

Road





Bonaid Federal Com 14H & 15H Wells & Red Hills and Jal Offload Station Map





Matt Solomon
Staff Landman

July 9, 2019

Oil Conservation Division
Attention: Michael McMillan
1220 South Saint Francis Drive
Santa Fe, New Mexico 87505

RE: Commingling the production of the Bonaid Fed Com 14H and 15H wells

Mr. McMillan:

My name is Matt Solomon and I am the landman at COG Operating LLC ("Concho") whose area of responsibility includes T24S-R35E, Lea County, New Mexico.

I have reviewed the Division Order Title Opinion for the W2W2 of Sections 17 and 20 (containing the 15H), and the E2W2 of Sections 17 and 20 (containing the 14H). The revenue owners and the quantum owned are identical in both.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "MS", is placed below the "Respectfully submitted," text.

Matt Solomon - CPL, J.D.
Staff Landman
432-685-4352 (o)
832-544-9492 (c)
msolomon@concho.com

01 12-22-1987;101STAT1330;30USC181 ET SE

Case Type: O&g lse comp pd -1987

Serial Number: NMNM 134886

Commodity: Oil & gas

Acres: 1,120.000

Disposition: Authorized

Lessee

<u>Owner Name</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	<u>Net Acres</u>	<u>%Int</u>
COG OPERATING LLC	600 W ILLINOIS AVE	MIDLAND	TX	79701-4882	1,120.000	100.00

Meridian:	New Mex	State:	NM	County:	Lea
Township:	24 S	Range:	35 E	Admin Agency	
Section:	17	E2,NW;		BUREAU OF LAND MGMT	
Section:	20	ALL		BUREAU OF LAND MGMT	

<u>Code</u>	<u>Action</u>	<u>Date</u>	<u>Remarks</u>
387	Case established	4/17/2015	201507040;
143	Bonus bid payment recd	7/22/2015	\$2240.00;
191	Sale held	7/22/2015	
267	Bid received	7/22/2015	\$10416000.00;
143	Bonus bid payment recd	7/30/2015	\$10413760.00;
237	Lease issued	9/16/2015	
974	Automated record verif	9/16/2015	LBO
496	Fund code	10/1/2015	05;145003
530	Rlty rate - 12 1/2%	10/1/2015	
868	Effective date	10/1/2015	
763	Expires	9/30/2025	

Remarks

STIPULATIONS ATTACHED TO LEASE:
 NM-11-LN SPECIAL CULTURAL RESOURCE
 SENM-S-22 PRAIRIE CHICKENS
 SENM-S-39 PLAN OF DEVELOPMENT

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.

5. Lease Serial No.
NMNM134886

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
BONAIID FEDERAL COM 14H

9. API Well No.
30-025-45058

10. Field and Pool or Exploratory Area
WILDCAT;WOLFBONE

11. County or Parish, State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
COG OPERATING LLC
Contact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM

3a. Address
2208 W MAIN STREET
ARTESIA, NM 88210
3b. Phone No. (include area code)
Ph: 575-748-6974

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input checked="" 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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Surface Commingling
	<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.

COG Operating, LLC would like to request approval to Surface Commingle production on shared well pad.

Bonaid Federal Com 14H Sec. 17,NENW T24S-R35E 30-025-45058
Bonaid Federal Com 15H Sec. 17,NENW T24S-R35E 30-025-45057

Please see attached detailed commingling information, diagram and maps.

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

**Electronic Submission #473248 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 07/15/2019

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 ****