

Initial Application Part I

Received: 08/12/2019

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

RECEIVED: 08/12/2019	REVIEWER: MAM	TYPE: CTB	APP NO: pMAM1922459237
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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 LLC

OGRID Number: 229137

Well Name: Shocker 20 Fed Com 1H I & FIVE OTHER WELLS/PLEASE SEE ATTACHED

API: 30-015-36430

Pool: Willow Lake; Bone Springs

Pool Code: 96217

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

CTB-909

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

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
Complete3) **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.

Jeanette Barron

Print or Type Name

Date

8/12/19

575-748-6974

Phone Number

jbarron@concho.com

e-mail Address

Jeanette Barron
 Signature

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

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-107-B
Revised August 1, 2011

OIL CONSERVATION DIVISION
1220 S. St Francis Drive
Santa Fe, New Mexico 87505

Submit the original
application to the Santa Fe
office with one copy to the
appropriate District Office.

APPLICATION FOR SURFACE COMMINGLING (DIVERSE OWNERSHIP)

OPERATOR NAME: COG Operating LLC
OPERATOR ADDRESS: 2208 W. Main Street, Artesia, NM 88210
APPLICATION TYPE:

☐ Pool Commingling ☒ Lease Commingling ☐ Pool and Lease Commingling ☐ Off-Lease Storage and Measurement (Only if not Surface Commingled)

LEASE TYPE: ☐ Fee ☐ State ☒ Federal

Is this an Amendment to existing Order? ☐ Yes ☒ No If "Yes", please include the appropriate Order No. _____
Have the Bureau of Land Management (BLM) and State Land office (SLO) been notified in writing of the proposed commingling
☒ Yes ☐ No

(A) POOL COMMINGLING

Please attach sheets with the following information

(1) Pool Names and Codes	Gravities / BTU of Non-Commingled Production	Calculated Gravities / BTU of Commingled Production		Calculated Value of Commingled Production	Volumes

- (2) Are any wells producing at top allowables? ☐ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☐ Yes ☐ No.
(4) Measurement type: ☐ Metering ☐ Other (Specify)
(5) Will commingling decrease the value of production? ☐ Yes ☐ No If "yes", describe why commingling should be approved

(B) LEASE COMMINGLING

Please attach sheets with the following information

- (1) Pool Name and Code.
(2) Is all production from same source of supply? ☒ Yes ☐ No
(3) Has all interest owners been notified by certified mail of the proposed commingling? ☒ Yes ☐ No
(4) Measurement type: ☒ Metering ☐ Other (Specify)

(C) POOL and LEASE COMMINGLING

Please attach sheets with the following information

- (1) Complete Sections A and E.

(D) OFF-LEASE STORAGE and MEASUREMENT

Please attached sheets with the following information

- (1) Is all production from same source of supply? ☐ Yes ☐ No
(2) Include proof of notice to all interest owners.

(E) ADDITIONAL INFORMATION (for all application types)

Please attach sheets with the following information

- (1) A schematic diagram of facility, including legal location.
(2) A plat with lease boundaries showing all well and facility locations. Include lease numbers if Federal or State lands are involved.
(3) Lease Names, Lease and Well Numbers, and API Numbers.

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

SIGNATURE: Jeanette Barron TITLE: Regulatory Analyst DATE: 08.12.19
TYPE OR PRINT NAME Jeanette Barron TELEPHONE NO.: 575-748-6974 E-MAIL ADDRESS jbarron@concho.com



August 12, 2019

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

Re: Application for Administrative Approval of Lease Commingle and CTB

Dear Mr. McMillan,

COG Operating LLC respectfully requests approval for off-lease measurement and lease surface commingling for the following wells:

Shocker 20 Federal 1H
API# 30-015-36430
Willow Lake; Bone Springs
SHL: 1750' FSL 330' FWL, Ut. L, Sec. 20-T25S-R29E
BHL: 1750' FSL 2310' FWL, Ut. K, Sec. 20-T25S-R29E
Eddy County, NM

Showstopper 19 Federal Com 3H
API# 30-015-37682
Willow Lake; Bone Springs
SHL: 430' FSL 430' FEL, Ut. P, Sec. 19-T25S-R29E
BHL: 309' FNL 420' FEL, Ut. A, Sec. 19-T25S-R29E
Eddy County, NM

Showstopper 19 Federal Com 5H
API# 30-015-37373
Willow Lake; Bone Springs
SHL: 330' FSL 2310' FWL, Ut. N, Sec. 19-T25S-R29E
BHL: 334' FNL 2153' FWL, Ut. C, Sec. 19-T25S-R29E
Eddy County, NM

White Federal Com 1H
API# 30-015-36185
Willow Lake; Bone Springs
SHL: 480' FNL 380' FEL, Ut. A, Sec. 21-T25S-R29E
BHL: 333' FSL 437' FEL, Ut. P, Sec. 21-T25S-R29E
Eddy County, NM

Showstopper 19 Federal Com 4H
API# 30-015-37374
Willow Lake; Bone Springs
SHL: 660' FSL 2310' FEL, Ut. O, Sec. 19-T25S-R29E
BHL: 319' FNL 2204' FEL, Ut. B, Sec. 19-T25S-R29E
Eddy County, NM

Showstopper 19 Federal Com 6H
API# 30-015-37480
Willow Lake; Bone Springs
SHL: 330' FSL 775' FWL, Ut. M, Sec. 19-T25S-R29E
BHL: 350' FNL 358' FWL, Ut. D, Sec. 19-T25S-R29E
Eddy County, NM

Oil Production:

The oil production from all wells will be measured, stored, and sold on lease. In addition, the 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 CTB on lease is 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.

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P432.683.7443 | F432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P575.748.6940 | F575.746.2096



Gas Production:

Gas produced from Shocker 20 Federal 1H, will be measured on lease by allocation meter prior to entering the flow line. The gas produced from the White Federal Com 1H, will be measured on lease by allocation meter prior to entering the flow line. The Showstopper 19 Federal Com 3H, 4H, 5H & 6H will be measured by allocation meter on lease at the Central Tank Battery. Gas produced from all wells will be commingled and will enter a flow line to the gas custody transfer meter. The DCP custody transfer meter is located off lease in Ut. D, Sec. 21-T25S-R29E.

All owners of interest have been notified by certified mail that should they have an objection to this off-lease measurement and surface commingling, they must file a formal protest with the NMOCD within 20 days of the date of this application. Proof of owner notification is enclosed.

Please see the enclosed Administrative Application Checklist, C-107B Application for Surface Commingling, plats for referenced wells, site facility diagram, maps with lease boundaries showing wells and facility locations along with copies of the submitted FMP sundries.

Thank you for your attention to this matter.

Sincerely,

A handwritten signature in black ink that reads "Jeanette Barron".

Jeanette Barron
Regulatory Analyst

Enclosures

xc: Artesia OCD

CORPORATE ADDRESS

ONE CONCHO CENTER | 600 WEST ILLINOIS AVENUE | MIDLAND, TEXAS 79701
P432.683.7443 | F432.683.7441

ARTESIA WEST OFFICE

2208 MAIN STREET | ARTESIA, NEW MEXICO 88210
P575.748.6940 | F575.746.2096

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, 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, NM 87505

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

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-36430	² Pool Code 96217	³ Pool Name Willow Lake; Bone Springs
⁴ Property Code 308799	⁵ Property Name SHOCKER 20 FEDERAL	⁶ Well Number 1H
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC	⁹ Elevation 2973'

¹⁰ Surface Location

UL or lot no. L	Section 20	Township 25S	Range 29E	Lot Idn	Feet from the 1750	North/South line SOUTH	Feet from the 330	East/West line WEST	County EDDY
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. K	Section 20	Township 25S	Range 29E	Lot Idn	Feet from the 1750	North/South line SOUTH	Feet from the 2310	East/West line WEST	County EDDY
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¹² Dedicated Acres 80	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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>¹⁷ OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Jeanette Barron</i> 8/12/19 Signature Date</p> <p>Jeanette Barron Printed Name</p> <p>jbarron@concho.com E-mail Address</p>
				<p>¹⁸ 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>PLEASE SEE ORIGINAL PLAT</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p> <p>Certificate Number</p>

			309' BHL 420'	17 OPERATOR CERTIFICATION I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.
				<div style="display: flex; justify-content: space-between;"> <div style="border-bottom: 1px solid black; width: 80%;"> <i>Jeanette Barron</i> <small>Signature</small> </div> <div style="border-bottom: 1px solid black; width: 15%;"> 8/13/19 <small>Date</small> </div> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"> Jeanette Barron <small>Printed Name</small> </div> <div style="border-bottom: 1px solid black; margin-top: 5px;"> j.barron@poncho.com <small>E-mail Address</small> </div>
				18 SURVEYOR CERTIFICATION 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. PLEASE SEE ORIGINAL PLAT
			SHL 420' 309'	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Date of Survey </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Signature and Seal of Professional Surveyor: </div> <div style="border-bottom: 1px solid black;"> Certificate Number </div>

<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <div style="border-top: 1px solid black; display: flex; justify-content: space-between; margin-top: 20px;"> Signature <u>Jeanette Barron</u> Date <u>8/12/19</u> </div> <div style="border-top: 1px solid black; margin-top: 10px;"> Jeanette Barron Printed Name </div> <div style="border-top: 1px solid black; margin-top: 10px;"> jbarron@concho.com E-mail Address </div>
<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<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>PLEASE SEE ORIGINAL PLAT</p> <div style="border-top: 1px solid black; margin-top: 20px;"> Date of Survey </div> <div style="border-top: 1px solid black; margin-top: 10px;"> Signature and Seal of Professional Surveyor: </div>
<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<div style="border: 1px solid black; height: 100px; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 50px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">319'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px solid black; text-align: center; line-height: 50px;">2204'</div> <div style="position: absolute; top: 50px; left: 50px; width: 100px; height: 50px; border: 1px dashed black; text-align: center; line-height: 50px;">BHL</div> </div>	<div style="border-top: 1px solid black; margin-top: 20px;"> Certificate Number </div>

16	2153	334'	
	BHL		
2310'	SHL		
	330'		

17 OPERATOR CERTIFICATION

I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.

Jeanette Barron

Signature

8/12/19

Date

Jeanette Barron

Printed Name

jbarron@poncho.com

E-mail Address

18 SURVEYOR CERTIFICATION

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.

PLEASE SEE ORIGINAL PLAT

Date of Survey

Signature and Seal of Professional Surveyor:

Certificate Number

District I
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
District II
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
District III
1000 Rio Brazos Road, Aztec, NM 87410
Phone: (505) 334-6178 Fax: (505) 334-6170
District IV
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Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico
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1220 South St. Francis Dr.
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Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office

☐ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-37480	² Pool Code 96217	³ Pool Name Willow Lake; Bone Springs
⁴ Property Code 308168	⁵ Property Name SHOWSTOPPER 19 FEDERAL COM	⁶ Well Number 6H
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC	⁹ Elevation 2940'

¹⁰ Surface Location

UL or lot no. M	Section 19	Township 25S	Range 29E	Lot 1 dn 4	Feet from the 330	North/South line South	Feet from the 775	East/West line West	County Eddy
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¹¹ Bottom Hole Location If Different From Surface

UL or lot no. D	Section 19	Township 25S	Range 29E	Lot 1 dn 2	Feet from the 350	North/South line North	Feet from the 358	East/West line West	County Eddy
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¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
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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.

¹⁶ 	¹⁷ OPERATOR CERTIFICATION I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division. Signature <u>Jeanette Barron</u> Date <u>8/12/19</u> Printed Name <u>Jeanette Barron</u> E-mail Address <u>jbaron@concho.com</u>			
	¹⁸ SURVEYOR CERTIFICATION 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. PLEASE SEE ORIGINAL PLAT Date of Survey _____ Signature and Seal of Professional Surveyor: _____			
	Certificate Number _____			

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WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-36185	² Pool Code 96217	³ Pool Name Willow Lake: Bone Springs, SE
⁴ Property Code 308270	⁵ Property Name White Federal Com	⁶ Well Number 1H
⁷ OGRID No. 229137	⁸ Operator Name COG Operating LLC	⁹ Elevation 3037

* Surface Location

UL or lot no. A	Section 21	Township 25S	Range 29E	Lot 1 dn	Feet from the 480	North/South line North	Feet from the 380	East/West line East	County Eddy
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* Bottom Hole Location If Different From Surface

UL or lot no. P	Section 21	Township 25S	Range 29E	Lot 1 dn	Feet from the 333	North/South line South	Feet from the 437	East/West line East	County Eddy
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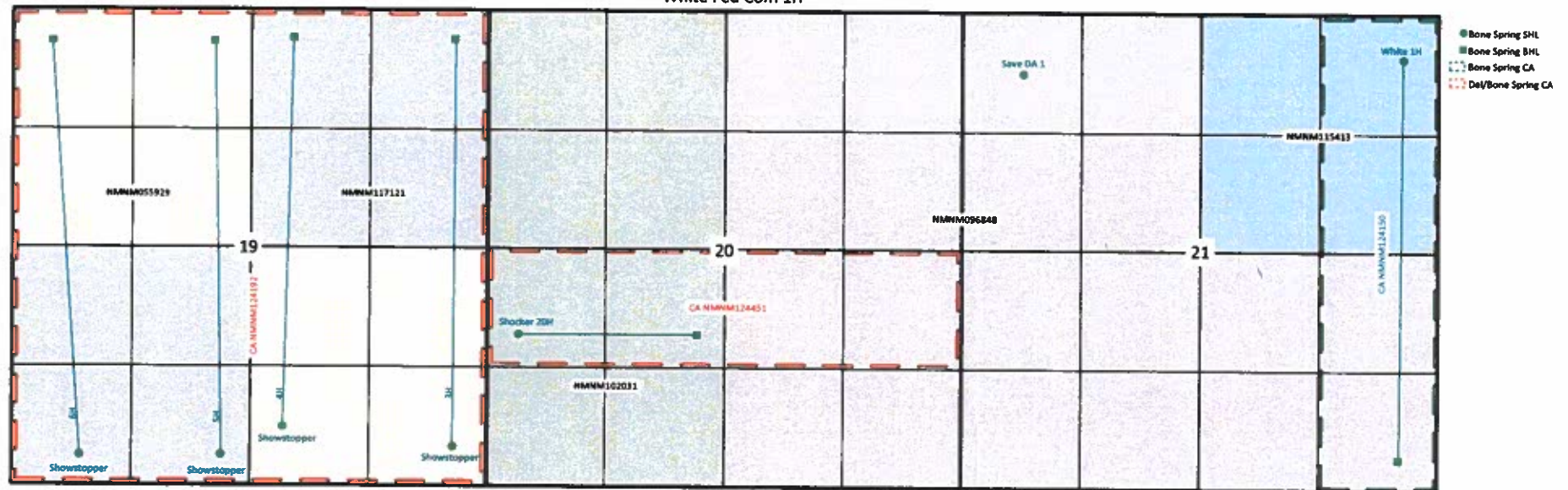
¹² Dedicated Acres 160	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.
--------------------------------------	-------------------------------	----------------------------------	-------------------------

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.

<div> <div>480'</div> <div>SHL</div> <div>380'</div> </div>	<p>17 OPERATOR CERTIFICATION</p> <p>I hereby certify that the information contained 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 a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p><i>Jeanette Barron</i> 8/12/19 Signature Date</p> <p>Jeanette Barron Printed Name</p> <p>j.barron@concho.com E-mail Address</p>	
	<p>18 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>PLEASE SEE ORIGINAL PLAT</p> <p>Date of Survey</p> <p>Signature and Seal of Professional Surveyor:</p>	
	<div> <div>BHL</div> <div>437'</div> <div>333'</div> </div>	<p>Certificate Number</p>

CORRAL DRAW GATHERING SYSTEM

Save DA 21 Fed 1
 Shocker 20 Fed Com 1H
 Showstopper 19 Fed Com 3H, 4H, 5H, 6H
 White Fed Com 1H



Sec. 19, 20, 21-T25S-R29E
 Eddy County, NM



SEC 19, 20, 21-T25S-R29E

Corral Draw Gathering System

Shocker 20 Fed Com 1H

Showstopper 19 Fed Com 3H, 4H 5H & 6H

White Fed Com 1H

SHOCKER 20 FEDERAL COM #1H
SEC. 20/T255/R29E
COORDS: 32.113105, -104.013899
EDDY COUNTY, NM

WELLS:
SHOCKER 20 FEDERAL COM #1H: 30-015-36430

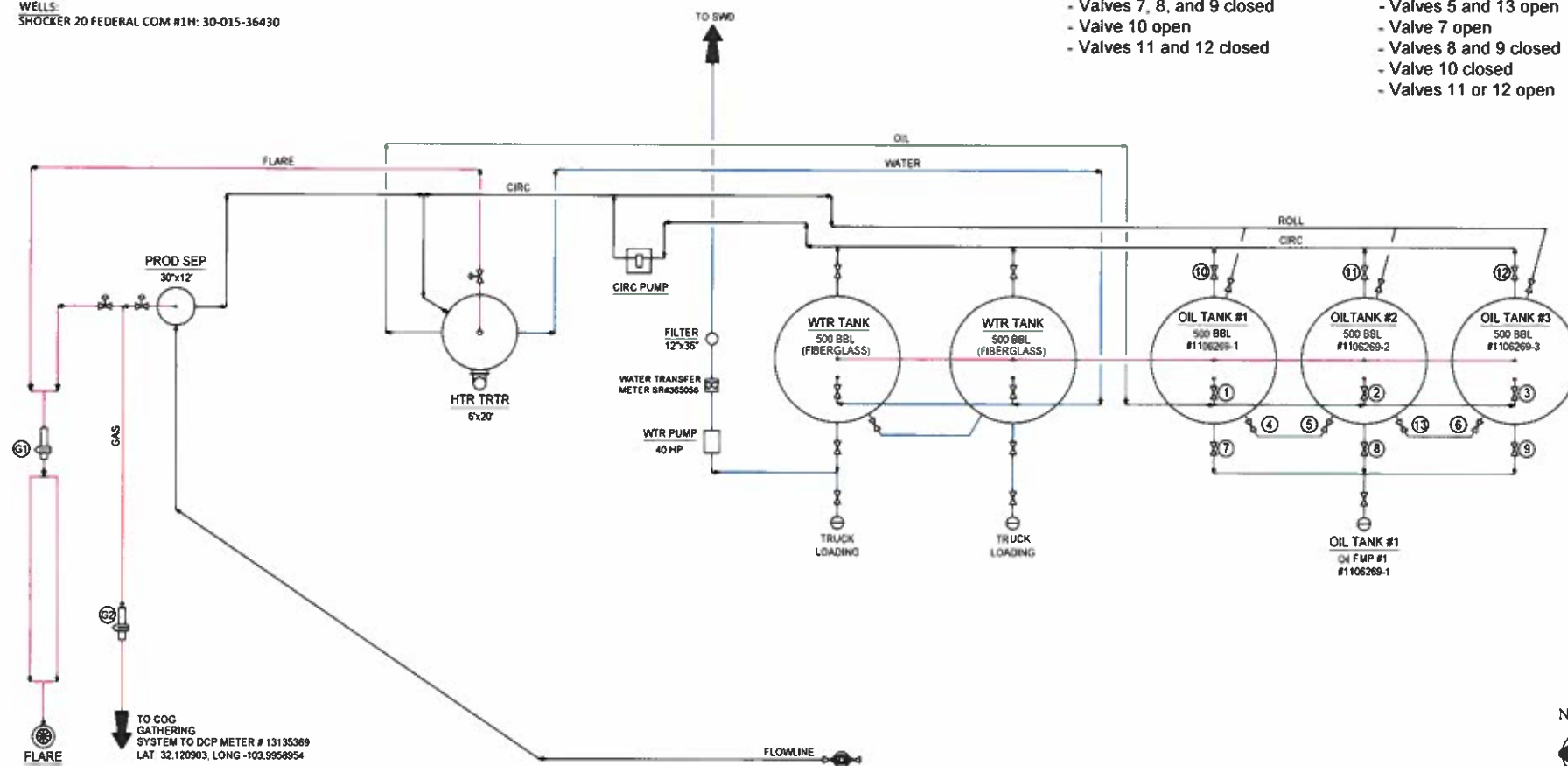
GAS METERS
COG Flare Meter
(G1) #88522388
COG FMP Meter
(G2) #88522039

Production Phase - Oil Tank #1

- Valve 1 open
- Valves 2 and 3 closed
- Valves 4, 5, 6, and 13 open
- Valves 7, 8, and 9 closed
- Valve 10 open
- Valves 11 and 12 closed

Sales Phase - Oil Tank #1

- Valve 1 closed
- Valves 2 or 3 open
- Valve 4 closed
- Valves 5 and 13 open
- Valve 7 open
- Valves 8 and 9 closed
- Valve 10 closed
- Valves 11 or 12 open



NOTES:

Type of Lease: Federal
State Lease #: N/A
Federal Lease #: NMNM102031
CA/Agreement #: NMNM124451
Property Code: 308799
GRID #: 229137

Ledger for Site Diagram

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

CONFIDENTIALITY NOTICE
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REFERENCE DRAWINGS		REVISIONS	
NO.	DATE	NO.	DATE
A	08/22/10	1	08/22/10
B	08/21/10	2	08/21/10
C	01/28/10	3	01/28/10
D	01/27/10	4	01/27/10
CONCHO OPERATING LLC SITE SECURITY PLANS LOCATED AT:		ONE CONCHO CENTER 600 WEST ILLINOIS AVENUE MIDLAND, TEXAS 79701	

ENGINEERING RECORD		BY		DATE	
NO.	DATE	BY	CHK.	APP.	DATE
1	08/22/10	JS	ME	DES:	08/21/10
2	08/21/10	JS	STC	CHK:	
3	01/28/10	JS	STC	APP:	
4	01/27/10	JS	STC	APP:	
SCALE: NONE		SCALE: NONE			

CONCHO
NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
SHOCKER 20 FEDERAL COM 1H

EDDY COUNTY
TRKSP/RANGE
D-1700-81-
REV D

SHOWSTOPPER 19 FEDERAL 3H BATTERY
SESE SECTION 19, T25S, R29E, UNIT P
COORDS: 32.1094933, -104.0165863
EDDY COUNTY, NM

WELLS:
SHOWSTOPPER 19 FEDERAL #003H: 30-015-37682

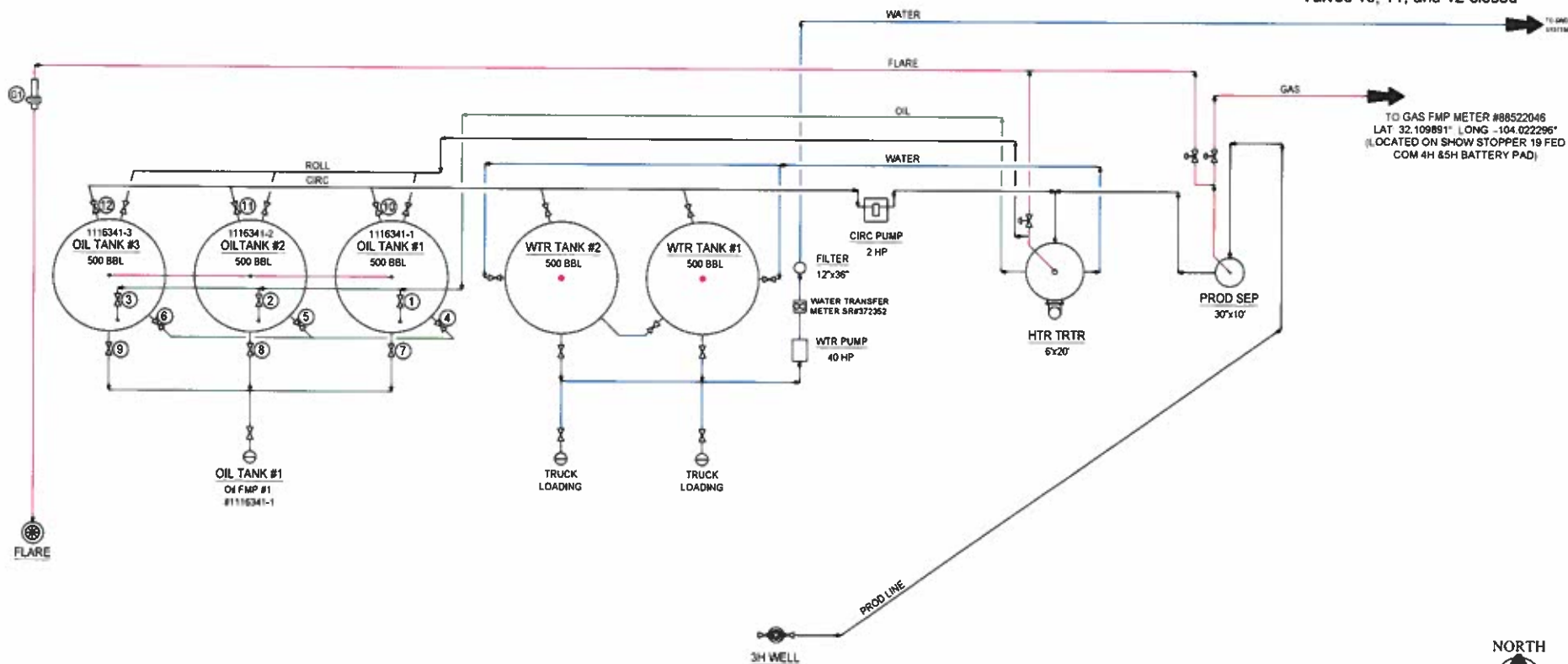
GAS METERS
COG Flare Meter
(G1) #88522386

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



TO GAS FMP METER #88522046
LAT 32.109891° LONG -104.022296°
(LOCATED ON SHOW STOPPER 19 FED
COM 4H & 5H BATTERY PAD)

NOTES

Type of Lease: Federal
Federal Lease #: NMNM 055929/NMNM117121
CA/Agreement #: NMNM 124192
Property Code: 308168
OGRID #: 229137

Ledger for Site Diagram

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

CONFIDENTIALITY NOTICE

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drawing for any purpose
other than that which it is
specifically furnished.

REFERENCE DRAWINGS

NO. 1
DATE 06/01/12
DESCRIPTION ISSUE FOR SITE MONITORING
BY CHB
CHK CHB
APP CHB
DATE 06/01/12

REVISIONS

NO. 1
DATE 06/01/12
DESCRIPTION ISSUE FOR SITE MONITORING
BY CHB
CHK CHB
APP CHB
DATE 06/01/12

ENGINEERING RECORD

BY CHB
DATE 06/01/12
CHK CHB
APP CHB
DATE 06/01/12

CONCHO
NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
SHOWSTOPPER 19 FEDERAL 3H BATTERY
EDDY COUNTY
Dwg No. 0-1700-81-005
REV E

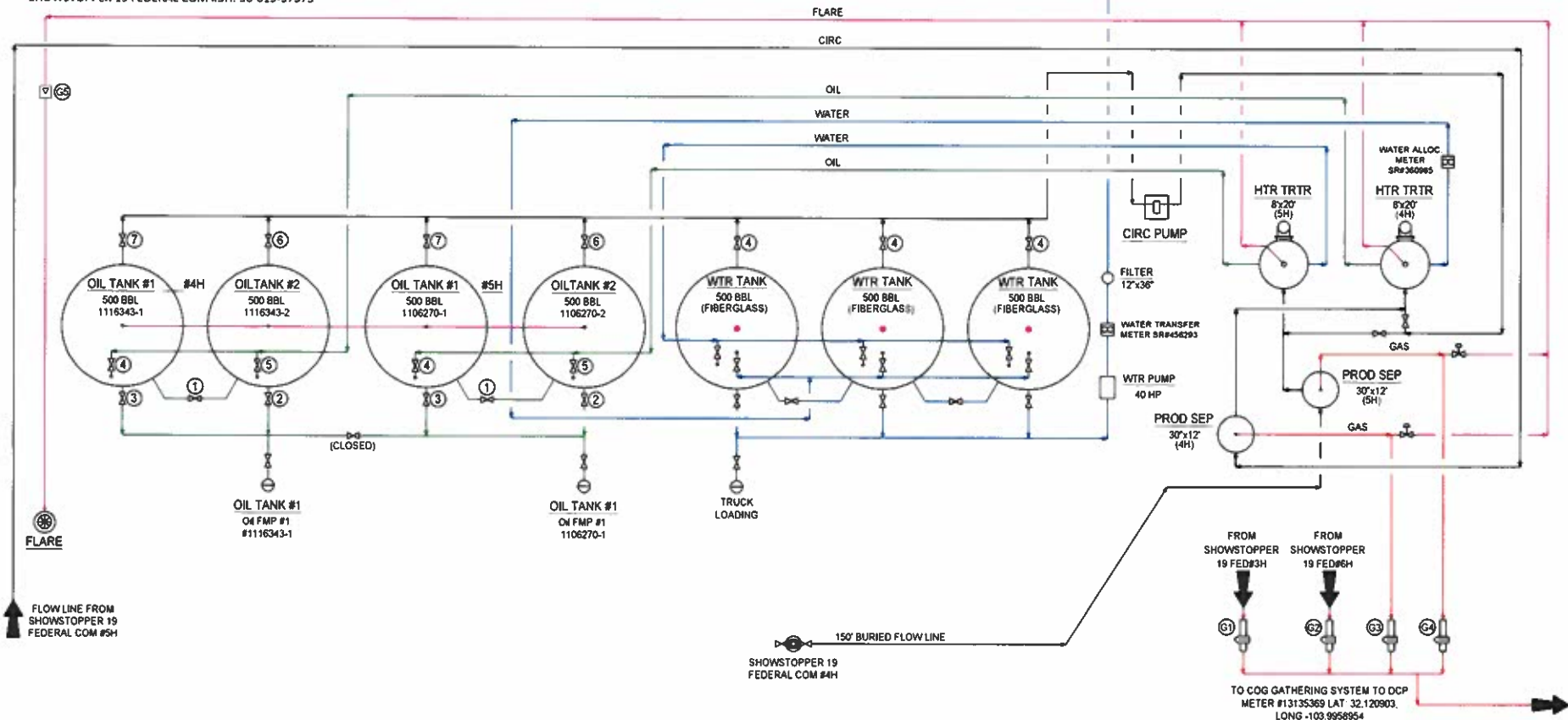
SHOWSTOPPER 19 FEDERAL COM #4H & #5H
SEC: 19/T255/R29E
COORDS: 32.110372, -104.02296
EDDY COUNTY, NM

WELLS:
SHOWSTOPPER 19 FEDERAL COM #4H: 30-015-37374
SHOWSTOPPER 19 FEDERAL COM #5H: 30-015-37373

GAS METERS
Gas FMP Meter (3H)
(G1) #88522046
Gas FMP Meter (4H)
(G3) #88522048
Gas FMP Meter (5H)
(G4) #88522049
Gas FMP Meter (6H)
(G2) #88522047
COG Flare Meter
(G5) #88522385

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
- Valve 10 open
- Valves 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
- Valve 10 closed
- Valves 11 or 12 open



NOTES:
Type of Lease: Federal
State Lease #: NMNM055929/NMNM117121
Federal Lease: N/A
CA/Agreement #: NMNM124192
Property Code: 308266
OGRID #: 229137

Ledger for Site Diagram
Produced Fluid: —
Produced Oil: —
Produced Gas: —
Produced Water: —
Flare/Vent: —

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REFERENCE DRAWINGS		REVISIONS	
NO.	TITLE	NO.	DATE
A	08/22/18	1	08/22/18
B	08/21/18	2	08/21/18
C	02/04/19	3	02/04/19
D	6/27/19	4	6/27/19

DATE	DESCRIPTION	BY	CHK	APP	DATE
08/22/18	ISSUE FOR APPROVAL	GEW			08/21/18
08/21/18	REVISED PER FIELD VERIFICATION	JS	RTG		
02/04/19	REVISED PER FIELD VERIFICATION	JS	RTG		
6/27/19	REVISED PER METER CHANGES	RTG			

CONCHO
NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
SHOWSTOPPER 19 FEDERAL COM 4H & 5H
EDDY COUNTY
THRESH/RANGE
Dwg No. 0-1700-81-
REV D

SHOWSTOPPER 19 FEDERAL 6H BATTERY SWSW
SECTION 19, T25S, R29E, UNIT M
COORDS: 32.1090889, -104.0296402
EDDY COUNTY, NM

WELLS:
SHOWSTOPPER 19 FEDERAL #006H: 30-015-37480

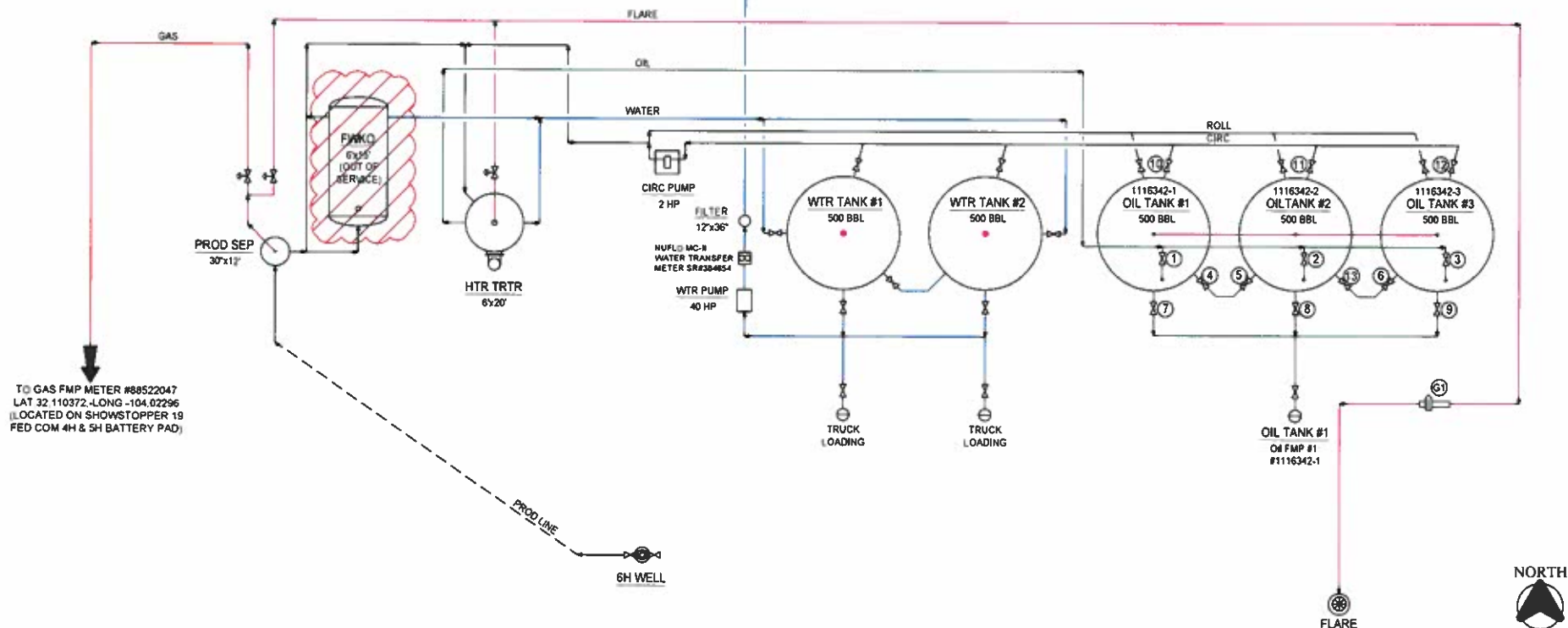
GAS METERS
COG Flare Meter
(G1) #88522386

Production Phase - Oil Tank #1

- Valve 1 open
- Valves 2 and 3 closed
- Valves 4, 5, 6, and 13 open
- Valves 7, 8, and 9 closed
- Valve 10 open
- Valves 11 and 12 closed

Sales Phase - Oil Tank #1

- Valve 1 closed
- Valves 2 or 3 open
- Valve 4 closed
- Valves 5, 6, and 13 open
- Valve 7 open
- Valves 8 and 9 closed
- Valve 10 closed
- Valves 11 or 12 open



NOTES:

Type of Lease: Federal
Federal Lease #: NMNM117121/ MNM055929
CA/Agreement #: NMNM124192
Property Code: 308168
OGRID #: 229137

Ledger for Site Diagram

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

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NO.	TITLE	NO.	DATE	DESCRIPTION	BY	CHK.	APP.
A		06/01/12	ISSUE FOR SITE PERMITTING	CMB			
B		07/11/17	UPDATED: SHOWSTOPPER 19 FED 6H BTRY	CMB			
C		04/23/18	UPDATED WITH OIL AND GAS PUMPS	CMB			
D		06/20/18	REVISED FOR FIELD VERIFICATION	JS	MR		
E		01/30/18	REVISED FOR FIELD VERIFICATION	JS	JS		

COG OPERATING LLC
SITE SECURITY PLANS
LOCATED AT:
ONE CONCHO CENTER
600 WEST KILBOUR AVENUE
MIDLAND, TEXAS 79701

NO.	DATE	DESCRIPTION	BY	CHK.	APP.	ENGINEERING RECORD	DATE
A	06/01/12	ISSUE FOR SITE PERMITTING	CMB			DRW	06/01/12
B	07/11/17	UPDATED: SHOWSTOPPER 19 FED 6H BTRY	CMB			DEC	06/01/12
C	04/23/18	UPDATED WITH OIL AND GAS PUMPS	CMB			CHK	
D	06/20/18	REVISED FOR FIELD VERIFICATION	JS	MR		APP	
E	01/30/18	REVISED FOR FIELD VERIFICATION	JS	JS		APP	

CONCHO
NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
SHOWSTOPPER 19 FEDERAL 6H BATTERY

EDDY COUNTY
TOWNSHIP/RANGE
MULTIPLE

NEW MEXICO
OIL NO.
D-1700-81-005

REV
E

WELLS:
WHITE FEDERAL #1H 30-015-36185

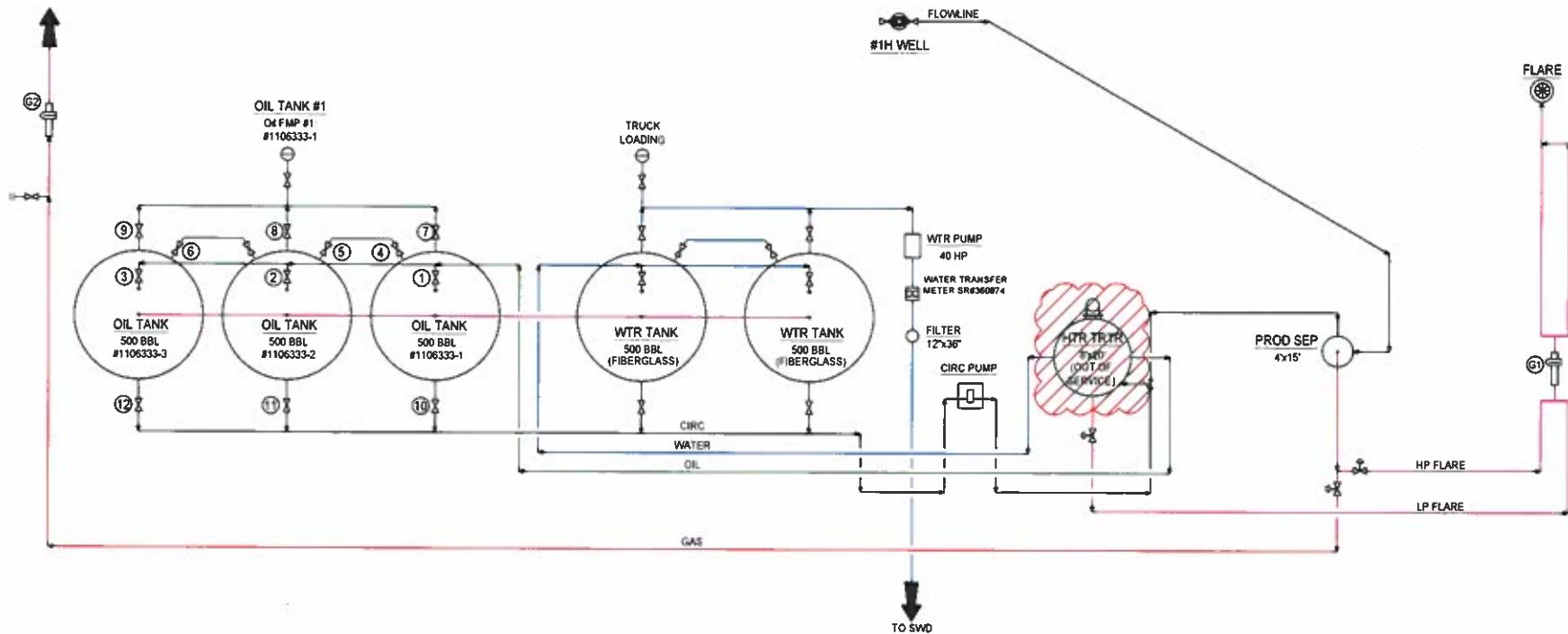
GAS METERS
COG Flare Meter
(G1) #88522389
COG FMP Meter
(G2) #88522035

ROAD

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

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

TO COG
GATHERING
SYSTEM TO DCP METER # 13135369
LAT. 32.120803, LONG -103.9958954



NORTH



Type of Lease: Federal
State Lease #: N/A
Federal Lease #: NMNM115413
CA/Agreement #: NMNM124150
Property Code: 308270
OGRID #: 229137

Flare/Vent:

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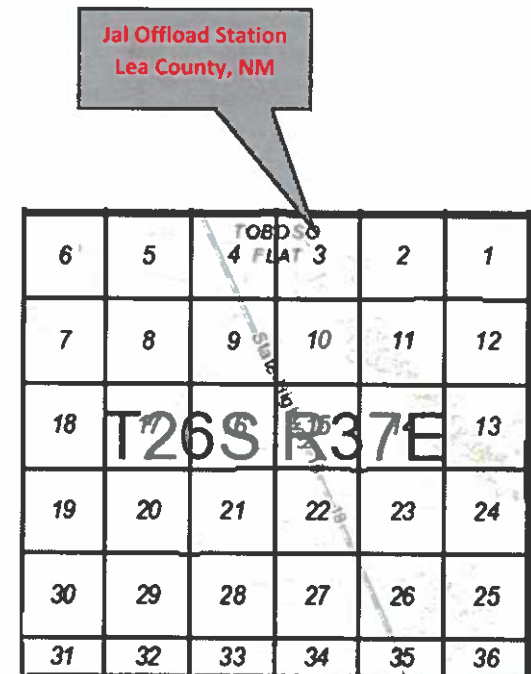
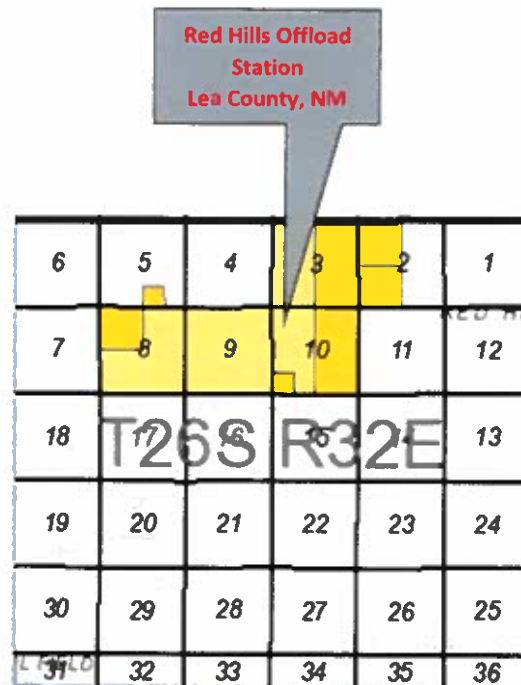
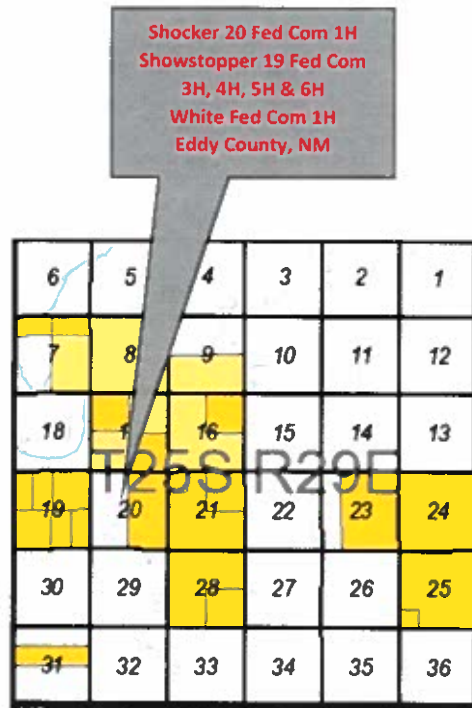
REFERENCE DRAWINGS		REVISIONS					CHANGING RECORD		
NO.	TITLE	NO.	DATE	DESCRIPTION	BY	CHK.	APP.	BY	DATE
		A	07/13/18	ISSUE FOR APPROVAL	GEW			OPR	07/19/18
		B	08/21/18	REVISED PER FIELD VERIFICATION	JS	MD		GEW	
		C	01/29/19	REVISED PER FIELD VERIFICATION	JS	MD		CHK	
		D	8/27/19	REVISED PER METEOR CHANGEL	ETC			APP.	
								APP. NO.	
COG OPERATING LLC		ONE CONCHO CENTER		FOLD OVER					
SITE SECURITY PLANS		600 WEST ILLINOIS AVENUE		SHED OVER					
LOCATED AT:		MIDLAND, TEXAS 79701		SCALE: NONE					



NORTHERN DELAWARE BASIN ASSET
PRODUCTION FACILITIES
SITE FACILITY DIAGRAM
WHITE FEDERAL 1H

EDDY COUNTY		NEW MEXICO	
TOWNSHIP/RANGE	OWG NO.	0-1700-81-__	NEW D
MAX WILE			

Shocker 20 Fed Com 1H
Showstopper 19 Fed Com 3H, 4H, 5H & 6H
White Fed Com 1H
&
Red Hills and Jal Offload Station Map



EDI API Well Number	Prod Date	Field #	Field Name	Lease #	Lease Name	Well #	Property	Oil Sold	Gas Prod	Days Up
3001536430	12/2018	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	345	6236	31
3001536430	01/2019	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	0	5792	31
3001536430	02/2019	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	0	5436	28
3001536430	03/2019	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	186	6403	31
3001536430	04/2019	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	0	6633	30
3001536430	05/2019	96217	Willow Lake;Bone Spring, Southeast	308799	SHOCKER 20 FEDERAL	001	1110110	0	7494	31
3001537682	12/2018	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	182	9695	31
3001537682	01/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	0	11414	31
3001537682	02/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	193	11264	28
3001537682	03/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	185	5988	31
3001537682	04/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	372	5819	30
3001537682	05/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	003H	1109711	0	5785	31
3001537374	12/2018	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	206	102	11
3001537374	01/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	0	64	31
3001537374	02/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	0	67	28
3001537374	03/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	0	5988	31
3001537374	04/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	0	5818	30
3001537374	05/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	004	1109712	0	5784	31
3001537373	12/2018	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	0	6543	31
3001537373	01/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	194	8531	31
3001537373	02/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	0	7507	28
3001537373	03/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	181	5988	31
3001537373	04/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	0	5818	30
3001537373	05/2019	96217	Willow Lake;Bone Spring, Southeast	308266	SHOWSTOPPER 19 FEDERAL COM	005	1109713	181	5784	31
3001537480	12/2018	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	545	5059	31
3001537480	01/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	363	3688	31
3001537480	02/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	0	5115	28
3001537480	03/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	373	5989	31
3001537480	04/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	368	5818	30
3001537480	05/2019	96217	Willow Lake;Bone Spring, Southeast	308168	SHOWSTOPPER 19 FEDERAL	006	1109714	367	5784	31
3001536185	12/2018	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	0	3576	31
3001536185	01/2019	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	0	9839	31
3001536185	02/2019	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	175	8436	28
3001536185	03/2019	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	0	9249	31
3001536185	04/2019	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	174	8447	30
3001536185	05/2019	96217	Willow Lake;Bone Spring, Southeast	308270	WHITE FEDERAL	001	1110353	0	14203	31

Shocker 20 Fed Com 1H/Showstopper 19 Fed Com 3H, 4H, 5H & 6H/White Fed Com 1H

Date Sent	Initials	Name	Address	City	State	ZipCode	Certified Return Receipt No.	Delivered
	JB	DEVON ENERGY PRODUCTION CO LP	P O BOX 843559	DALLAS	TX	75284-3559	7018 1830 0000 7074 0644	
	JB	EOG RESOURCES INC	P O BOX 840321	DALLAS	TX	75284-0321	7018 1830 0000 7074 0651	
	JB	GEORGE G VAUGHT JR	P O BOX 13557	DENVER	CO	80201-3557	7018 1830 0000 7074 0507	
	JB	OFFICE OF NATURAL RESOURCES REVENUE	P.O. Box 5760	Denver	CO	80217-5760	7018 1830 0000 7074 1047	
	JB	KINGDOM INVESTMENTS LTD	2101 CEDAR SPRINGS RDSTE 600	DALLAS	TX	75201	7018 1830 0000 7074 0521	
	JB	FEATHERSTONE DEVELOPMENT CORP.	P O BOX 429	ROSWELL	NM	88202	7018 1830 0000 7074 0699	
	JB	TAURUS ROYALTY LLC C/O ROBERT B PAYNE JR	PO BOX 1477	LITTLE ELM	TX	75068	7018 1830 0000 7074 0538	
	JB	BIG THREE ENERGY GROUP LLC	P O BOX 429	ROSWELL	NM	88202-0429	7018 1830 0000 7074 0712	
	JB	PARROT HEAD PROPERTIES LLC	P O BOX 429	ROSWELL	NM	88202-0429	7018 1830 0000 7074 0729	
	JB	PROSPECTOR LLC	P O BOX 429	ROSWELL	NM	88202-0000	7018 1830 0000 7074 0736	
	JB	PAUL R BARWIS C/O DUTTON, HARRIS & ASSOC.	PO BOX 230	MIDLAND	TX	79702	7018 1830 0000 7074 0545	
	JB	JAREED PARTNERS, LTD.	P.O. BOX 51451	MIDLAND	TX	79710-1450	7018 1830 0000 7074 0552	
	JB	RAVE ENERGY, INC.	PO BOX 3087	HOUSTON	TX	77253	7018 1830 0000 7074 0569	
	JB	NESTEGG ENERGY CORP	2308 SIERRA VISTA RD	ARTESIA	NM	88210-9409	7018 1830 0000 7074 0576	
	JB	OXY Y-1 COMPANY	P O BOX 841803	DALLAS	TX	75284	7018 1830 0000 7074 0781	
	JB	CROWNROCK MINERALS LP	P.O. BOX 51933	MIDLAND	TX	79710	7018 1830 0000 7074 0583	
	JB	RUSK CAPITAL MANAGEMENT LLC	7600 W TIDWELL ROAD, STE 800	HOUSTON	TX	77040	7018 1830 0000 7074 0590	
	JB	CHISOS MINERALS LLC	1111 BAGBY ST STE 2150	HOUSTON	TX	77002	7018 1830 0000 7074 0606	
	JB	CORNERSTONE FAMILY TRUST JOHN KYLE THOMA, TRUSTEE	PO BOX 558	PEYTON	CO	80831-0558	7018 1830 0000 7074 0613	
	JB	DUNCAN MANAGEMENT LLC AGENT FBO KIMBELL ROYALTY HOLDINGS LLC	PO BOX 671099	DALLAS	TX	75367-1099	7018 1830 0000 7074 0620	
	JB	Chevron U.S.A., Inc.	P O BOX 730436	Dallas	TX	75373-0436	7017 3040 0000 1222 3358	
	JB	LYNN S CHARUK	3921 TANFORAN AVENUE	MIDLAND	TX	79707-1427	7017 3040 0000 1222 3365	
	JB	MITCHEL E CHENEY	7670 WOODWAY, SUITE 175	HOUSTON	TX	77063	7017 3040 0000 1222 3372	
	JB	EXXON MOBIL CORPORATION C/O XTO ENERGY INC.	PO BOX 731917	DALLAS	TX	75373-1917	7017 3040 0000 1222 3396	
	JB	FORTIS MINERALS II, LLC	1111 BAGBY STREET, SUITE 2150	HOUSTON	TX	77002	7017 3040 0000 1222 3402	
	JB	WILLIAM R GOLDEN	PO BOX 97	ROSWELL	NM	88202-0000	7017 3040 0000 1222 3419	
	JB	SALT FORK LIMITED	PO BOX 911	BRECKENRIDGE	TX	76424-0911	7017 3040 0000 1222 3426	

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL 3H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-376823a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL 3H.
THE GAS FACILITY MEASUREMENT POINT # 88522046 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.
PLEASE SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476830 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 3H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-376823a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	Changes	

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 RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL 3H.
OIL FACILITY MEASUREMENT POINTS WILL BE TANK 1116341-1 AND TANK #2 1116341-2 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476825 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 _____	

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL 4H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-373743a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL COM 4H.
THE GAS SALES METER # 88522048 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.
PLEASE SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476817 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 4H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-373743a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL COM 4H. OIL FACILITY MEASUREMENT POINTS WILL BE TANK 1116343-1 AND TANK #2 1116343-2 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476847 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 _____	

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 5H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-373733a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL COM 5H.
THE GAS FACILITY MEASUREMENT POINT # 88522049 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.
PLEASE SEE ATTACHED SITE DIAGRAM

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

**Electronic Submission #476852 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 5H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-373733a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR OUR SHOWSTOPPER 19 FEDERAL COM 5H. OIL FACILITY MEASUREMENT POINTS WILL BE TANK 1106270-1 AND TANK #2 1106270-2 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476850 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title

Date

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Office

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 6H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-374803a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM

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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL 6H CTB. THE GAS FACILITY MEASUREMENT POINT # 88522047 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS. PLEASE SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476840 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM117121

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 27. If Unit or CA/Agreement, Name and/or No.
NMNM124192

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.
SHOWSTOPPER 19 FEDERAL COM 6H2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM9. API Well No.
30-015-374803a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-697410. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS

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

11. County or Parish, State
EDDY COUNTY, NM**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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR SHOWSTOPPER 19 FEDERAL COM 6H CTB. OIL FACILITY MEASUREMENT POINTS WILL BE TANK 1116342-1 AND TANK #2 1116342-2 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476860 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 ****

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM115413

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
WHITE FED COM 1H9. API Well No.
30-015-3618510. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS11. County or Parish, State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLC
Contact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM3a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. 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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF GAS FACILITY MEASUREMENT POINTS FOR WHITE FEDERAL 1H.
THE GAS FACILITY MEASUREMENT POINT #88522035 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS. PLEASE SEE ATTACHED SITE FACILITY DIAMGRAM

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

**Electronic Submission #476855 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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

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(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.
NMNM115413

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
WHITE FEDERAL COM 1H9. API Well No.
30-015-3618510. Field and Pool or Exploratory Area
WILLOW LAKE;BONE SPRINGS11. County or Parish, State
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: JEANETTE BARRON
E-Mail: JBARRON@CONCHO.COM3a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. 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	Production Facility Changes
	<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 RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR WHITE FEDERAL 1H.
OIL FACILITY MEASUREMENT POINTS WILL BE TANK 1106333-1 AND TANK #2 1106333-2 AT THE BATTERY. SEE ATTACHED SITE FACILITY DIAGRAM

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

**Electronic Submission #476863 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad**

Name (Printed/Typed) JEANETTE BARRON

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 08/06/2019

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 _____	

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(Instructions on page 2)

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