OCD - REC'D 9/8/2020

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS FORM APPROVED OMB NO. 1004-0137

Expires: January 31, 2018 5. Lease Serial No. NMNM134886

 TO T	4.	A 11		_	••	_		_

Do not use thi abandoned we	6. If Indian, Allottee	6. If Indian, Allottee or Tribe Name					
SUBMIT IN T	TRIPLICATE - Other inst	ructions on page 2	7. If Unit or CA/Agr	eement, Name and/or No.			
Type of Well		Well Name and No.     MultipleSee Attached					
Name of Operator     COG OPERATING LLC	Contact: E-Mail: JBARRON	JEANETTE BARRON @CONCHO.COM	9. API Well No. MultipleSee A	API Well No.     MultipleSee Attached			
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287	0 W ILLINOIS AVENUE	3b. Phone No. (include area code) Ph: 575-748-6974	WC025G07S2	10. Field and Pool or Exploratory Area WC025G07S243517D-MIDBONESI WC025G09S243532M-WOLFBONE			
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description	)	11. County or Parish	, State			
MultipleSee Attached			LEA COUNTY	, NM			
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICATE NATURE OF	NOTICE, REPORT, OR OT	HER DATA			
TYPE OF SUBMISSION		TYPE OF A	ACTION				
☑ Notice of Intent	☐ Acidize	<b>–</b> .	☐ Production (Start/Resume)	□ Water Shut-Off			
☐ Subsequent Report	☐ Alter Casing	<b>-</b> ,	☐ Reclamation	☐ Well Integrity			
	☐ Casing Repair	Dro					
☐ Final Abandonment Notice	☐ Change Plans	_ •	☐ Temporarily Abandon	Changes			
	☐ Convert to Injection	_ = 0	☐ Water Disposal				
Attach the Bond under which the wor following completion of the involved	ally or recomplete horizontally, k will be performed or provide operations. If the operation resonandonment Notices must be file	nt details, including estimated starting of give subsurface locations and measure the Bond No. on file with BLM/BIA. sults in a multiple completion or recomed only after all requirements, including	d and true vertical depths of all pert Required subsequent reports must be appletion in a new interval, a Form 31	inent markers and zones. be filed within 30 days 60-4 must be filed once			
COG OPERATING LLC RESF FEDERAL 17D CTB	PECTFULLY REQUESTS	DESIGNATION OF GAS FACI	LITY MEASUREMENT POIN	ITS FOR BONAID			
THE GAS FACILITY MEASUREMENT POINT IS GAS SALES METER # 161001224 MEETS API AND AGA STANDARDS AND WILL MEASURE AND BE CALIBRATED ACCORDING TO ALL FEDERAL REQUIREMENTS AND REGULATIONS.							
BONAID FEDERAL COM #014H: 30-025-45058 BONAID FEDERAL COM #015H: 30-025-45057							
PLEASE SEE ATTACHED SI	TE FACILITY DIAGRAM						
14. I hereby certify that the foregoing is	true and correct.	527759 verified by the BLM Well I	Information System				
	LICOLI OI IIC GUDIIII 351011 #	JELLOS VELLICIA DY LITE DEIVI VVELLI	iiioiiialloii oyaleiii				

	Electronic Submission #527759 verifie For COG OPERATING I Committed to AFMSS for processing by PRI	.LC, so	ent to the Hobbs	
Name (Printed/T	yped) JEANETTE BARRON	Title	REGULATORY TECHNICIAN	
Signature	(Electronic Submission)	Date	08/27/2020	
	THIS SPACE FOR FEDERA	L OR	STATE OFFICE USE	
Approved By A	CCEPTED		DEBORAH MCKINNEY LEGAL INSTRUMENTS EXAMINER	Date 09/01/2020
certify that the applica	al, if any, are attached. Approval of this notice does not warrant or ant holds legal or equitable title to those rights in the subject lease an applicant to conduct operations thereon.	Offic	e Hobbs	
Title 19 H C C Section	n 1001 and Title 42 H.C.C. Section 1212, make it a grime for any no		arringly and reillfully to make to any denomina	ent on account of the United

# Additional data for EC transaction #527759 that would not fit on the form

## Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	<b>API Number</b> 30-025-45058-00-S1	Location
NMNM134886	NMNM134886	BONAID FEDERAL COM 14H		Sec 17 T24S R35E NWNW 210FNL 1110FWL
NMNM134886	NMNM134886	BONAID FEDERAL COM 15H	30-025-45057-00-S1	32.224207 N Lat, 103.394478 W Lon Sec 17 T24S R35E NWNW 210FNL 1080FWL 32.224207 N Lat. 103.394575 W Lon

### Revisions to Operator-Submitted EC Data for Sundry Notice #527759

**Operator Submitted** 

**BLM Revised (AFMSS)** 

Sundry Type:

FAC NOI

FAC NOI

Lease: NMNM134886 NMNM134886

Agreement:

Operator:

Admin Contact:

COG OPERATING LLC 2208 W MAIN STREET

ARTESIA, NM 88210 Ph: 575-748-6974

JEANETTE BARRON REGULATORY TECHNICIAN E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

Tech Contact:

JEANETTE BARRON REGULATORY TECHNICIAN E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

Location:

State: County: NM LEA

Field/Pool: WC-025 G-07 S243517D; MID

**BONAID FEDERAL COM 14H** Well/Facility:

COG OPERATING LLC ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX\_79701-4287

Ph: 432.685.4342

JEANETTE BARRON REGULATORY TECHNICIAN E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

JEANETTE BARRON REGULATORY TECHNICIAN

E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

NM LEA

WC025G07S243517D-MIDBONESPRING

WC025G09S243532M-WOLFBONE

**BONAID FEDERAL COM 14H** 

Sec 17 T24S R35E NWNW 210FNL 1110FWL 32.224207 N Lat, 103.394478 W Lon BONAID FEDERAL COM 15H Sec 17 T24S R35E NWNW 210FNL 1080FWL

32.224207 N Lat, 103.394575 W Lon

Form 3160-5 (June 2015)

OCD - REC'D 9/8/2020

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

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

5. Lease Serial No. NMNM134886

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an
should need well. Her forms 2400 2 (ADD) for such proposals

abandoned we	6. If Indian, Allottee	6. If Indian, Allottee or Tribe Name				
SUBMIT IN	7. If Unit or CA/Agre	7. If Unit or CA/Agreement, Name and/or No.				
1. Type of Well		8. Well Name and No.				
☑ Oil Well ☐ Gas Well ☐ Oth			<u> </u>	MultipleSee Attached		
Name of Operator     COG OPERATING LLC	Contact: JEANE E-Mail: JBARRON@CONC	TTE BARRON CHO.COM	9. API Well No. MultipleSee A	API Well No.     MultipleSee Attached		
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287		one No. (include area code) 75-748-6974	WC025G07S24	10. Field and Pool or Exploratory Area WC025G07S243517D-MIDBONESPRIN WC025G09S243532M-WOLFBONE		
4. Location of Well (Footage, Sec., T	., R., M., or Survey Description)		11. County or Parish,	11. County or Parish, State		
MultipleSee Attached			LEA COUNTY,	NM		
12. CHECK THE A	PPROPRIATE BOX(ES) TO INI	DICATE NATURE OF	F NOTICE, REPORT, OR OT	HER DATA		
TYPE OF SUBMISSION		TYPE OF	ACTION			
Notice of Intent	☐ Acidize [	☐ Deepen	☐ Production (Start/Resume)	☐ Water Shut-Off		
☑ Notice of Intent	☐ Alter Casing [	☐ Hydraulic Fracturing	☐ Reclamation	■ Well Integrity		
☐ Subsequent Report	☐ Casing Repair [	☐ New Construction	☐ Recomplete	Other		
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	□ Temporarily Abandon	Production Facility Changes		
	☐ Convert to Injection [	☐ Plug Back	■ Water Disposal	changes		
testing has been completed. Final At determined that the site is ready for final COG OPERATING LLC RESIFEDERAL 17D CTB	PECTFULLY REQUESTS DESIGNT POINTS WILL BE #1 LACT #4H: 30-025-450585H: 30-025-45057 TE FACILITY DIAGRAM	fter all requirements, includi	ng reclamation, have been completed  LITY MEASUREMENT POINT	and the operator has		
14. Thereby certify that the foregoing is	Electronic Submission #527760	verified by the BLM Well TING LLC, sent to the H	Information System			
Con	nmitted to AFMSS for processing b					
Name(Printed/Typed) JEANETT	E BARRON	Title REGUL/	ATORY TECHNICIAN			
Signature (Electronic S	Submission)	Date 08/27/20	)20			
	THIS SPACE FOR FEI	DERAL OR STATE (	OFFICE USE			
Approved By ACCEPT	ED		MCKINNEY STRUMENTS EXAMINER	Date 09/01/2020		
Conditions of approval, if any, are attache ertify that the applicant holds legal or equivalent would entitle the applicant to conductive to conduct the applicant the applicant the applicant the applicant the applicant to conduct the applicant the applic	uitable title to those rights in the subject					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent			willfully to make to any department or	agency of the United		

# Additional data for EC transaction #527760 that would not fit on the form

## Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	<b>API Number</b> 30-025-45058-00-S1	Location
NMNM134886	NMNM134886	BONAID FEDERAL COM 14H		Sec 17 T24S R35E NWNW 210FNL 1110FWL
NMNM134886	NMNM134886	BONAID FEDERAL COM 15H	30-025-45057-00-S1	32.224207 N Lat, 103.394478 W Lon Sec 17 T24S R35E NWNW 210FNL 1080FWL 32.224207 N Lat. 103.394575 W Lon

### Revisions to Operator-Submitted EC Data for Sundry Notice #527760

**Operator Submitted** 

**BLM Revised (AFMSS)** 

Sundry Type:

FAC NOI

Lease:

NMNM134886

NMNM134886

FAC NOI

Agreement:

Operator:

COG OPERATING LLC 2208 W MAIN STREET

ARTESIA, NM 88210

Ph: 575-748-6974

Ph: 432.685.4342

Admin Contact:

JEANETTE BARRON REGULATORY TECHNICIAN E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

Tech Contact:

JEANETTE BARRON REGULATORY TECHNICIAN E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

Location:

State: County: NM

LEA

Field/Pool:

Well/Facility:

WC-025 G-07 S243517D; MID

**BONAID FEDERAL COM 14H** 

COG OPERATING LLC ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX\_79701-4287

JEANETTE BARRON REGULATORY TECHNICIAN

E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

JEANETTE BARRON REGULATORY TECHNICIAN

E-Mail: JBARRON@CONCHO.COM

Ph: 575-748-6974

NM LEA

WC025G07S243517D-MIDBONESPRING

WC025G09S243532M-WOLFBONE

**BONAID FEDERAL COM 14H** 

Sec 17 T24S R35E NWNW 210FNL 1110FWL 32.224207 N Lat, 103.394478 W Lon BONAID FEDERAL COM 15H Sec 17 T24S R35E NWNW 210FNL 1080FWL

32.224207 N Lat, 103.394575 W Lon



