

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCDA Artesia

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

**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.*

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

5. Lease Serial No. **NMNM104684 67106**

6. If Indian, Allottee, or Tribe Name

7. If Unit or CA, Agreement Name and/or No. **Nm126442**

8. Well Name and No. **Seabiscuit Federal Com #4H**

9. API Well No. **30-015-41563**

10. Field and Pool, or Exploratory Area **Cotton Draw; Bone Spring**

11. County or Parish, State **Eddy NM**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
**COG Operating LLC**

3a. Address  
**2208 W. Main Street  
 Artesia, NM 88210**

3b. Phone No. (include area code)  
**575-748-6946**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)      Lat.      Long.  
**SHL: 330' FSL & 2200' FWL, Unit N (SESW) Sec 12-T24S-R31E**  
**BHL: 359' FNL & 2219' FWL, Unit C (NENW) Sec 12-T24S-R31E**

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

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production ( Start/ Resume)	<input type="checkbox"/> Water Shut-off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug back	<input checked="" type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. Attach the Bond under which the work will be performed or provide the Bond No. on file with the BLM/ BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

**Required Information for the Disposal of Produced Water:**

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1000 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Pipeline
- 5) Disposal Facility #1:
  - a) Facility Operator Name: COG Production LLC
  - b) Name of facility or well name & number: Turquoise 30 Federal SWD #1 (SWD-1203)
  - c) Type of facility of well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: SENE, Sec 30-T24S-R32E
- Disposal Facility #2:
  - a) Facility Operator Name: Mesquite SWD, Inc.
  - b) Name of facility or well name & number: Bran SWD #1 (SWD-649-B)
  - c) Type of facility of well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: SESE, Sec 11-T24S-R31E

*WPD 5-7-1-14*  
Accepted for record  
NMOCDC

**NM OIL CONSERVATION  
ARTESIA DISTRICT**

**JUN 30 2014**

**RECEIVED**

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

Name (Printed/ Typed)

Stormi Davis

Title: Regulatory Analyst

Signature: *[Signature]*

Date: 5/15/14

**APPROVED**

**JUN 16 2014**

**JAMES A. AMOS  
SUPERVISOR**

**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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.