

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD Artesia

FORM APPROVED
OMB NO. 1004-0135
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.

5. Lease Serial No.
NMLC029387A

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. FLYING SQUIRREL FEDERAL 2H
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com	9. API Well No. 30-015-42913-00-X1
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6946
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 29 T18S R31E SWSW 1030FSL 190FWL 32.713874 N Lat, 103.899093 W Lon	10. Field and Pool, or Exploratory SHUGART
	11. County or Parish, and State EDDY COUNTY, NM

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

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize <input type="checkbox"/> Deepen <input type="checkbox"/> Production (Start/Resume) <input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing <input type="checkbox"/> 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 checked="" type="checkbox"/> Other Well Spud
	<input type="checkbox"/> Change Plans <input type="checkbox"/> Plug and Abandon <input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection <input type="checkbox"/> Plug Back <input type="checkbox"/> Water Disposal

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recompleat horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall 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 shall be filed once testing has been completed. Final Abandonment Notices 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.)

2/23/15 Spud well.

2/24/15 TD 17 1/2" hole @ 630'. Set 13 3/8" 54.5# J-55 csg @ 630'. Cmt w/300 sx Class C. Tailed in w/250 sx. Circ 143 sx to surface. WOC 18 hrs. Test csg to 1000#. Drilled out 5' below FS w/10# brine - no loss of circ.

2/26/15 TD 12 1/4" hole @ 2525'. Set 9 5/8" 36# J-55 csg @ 2525'. Cmt w/625 sx Class C. Tailed in w/250 sx. Circ 303.sx to surface. WOC 18 hrs. Test csg to 1000#. Drilled out 5' below FS w/10# brine - no loss of circ.

3/9/15 TD 8 3/4" lateral @ 13315' (KOP @ 8250'). Set 5 1/2" 17# P-110 csg @ 13315'. Cmt.w/1400 sx Class H. Tailed in w/1400 sx. Circ 279 sx to surface.

NM OIL CONSERVATION
ARTESIA DISTRICT

AUG 10 2015

RECEIVED

Accepted for record
DS NMOCD 8/12/15

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

Electronic Submission #294927 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by MARISSA KLEIN on 06/12/2015 (AFMSSK0795)

Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 03/13/2015

ACCEPTED FOR RECORD
AUG 3 2015
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____

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.

Additional data for EC transaction #294927 that would not fit on the form

32. Additional remarks, continued

3/10/15 Rig released.