Form 316(NM OIL CONSERVATION

(August 2007)

OCT O BUREAU OF LAND MANAGEMENT

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

UC VBUR	EAU OF LAND MANAGEMEN	5. Lease Serial No.	5. Lease Serial No. BHL: NMNM100561				
Do not RECTAS	OTICES AND REPORTS ON firm for proposals to drill or Use Form 3160-3 (APD) for s	6. If Indian, Allottee o	r Tribe Name				
SUBMIT	IN TRIPLICATE – Other instructions	7. If Unit of CA/Agree	7. If Unit of CA/Agreement, Name and/or No.				
1. Type of Well		8. Well Name and No.	R Well Name and No				
Oil Well Gas W	'ell Other	Strawberry 7 Fe	Strawberry 7 Fed Com 11H				
Devon Energy Production Con		9. API Well No. 30-015-42490	30-015-42490				
3a. Address	3b. Phone 3		10. Field and Pool or Exploratory Area				
333 West Sheridan, Oklah 4. Location of Well (Footage, Sec., T., I		-228-4248		Hackberry; Bone Spring, N. 11. Country or Parish, State			
900' FNL & 125' FEL Unit A, 970' FNL & 305' FWL Lot 1, 970' FNL & 305' FWL FNL FNL FNL FNL FNL FNL FNL FNL FNL FN	Sec 7, T19S, R31E	Eddy, NM	•				
12. CHEC	K THE APPROPRIATE BOX(ES) TO E	NDICATE NATŲRE OI	F NOTICE, REPORT OR OTH	ER DATA			
TYPE OF SUBMISSION		ТҮРЕ (OF ACTION				
Notice of Intent		ecpen racture Treat	Production (Start Resume) Reclamation	Water Shut-Off Well Integrity			
Subsequent Report	Casing Repair	ew Construction	Recomplete	Other Completion Report			
		lug and Abandon	Temporarily Abandon				
Final Abandonment Notice	Convert to Injection Plocarition: Clearly state all pertinent details	lug Back	Water Disposal				
the proposal is to deepen directionally or recomplete 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/BLA. Required subsequent reports must 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 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.) 6/29/15-8/14/15: MIRU WL & PT. TIH & ran GR logs, found TOC @ surf'. TIH w/pump through frac plug and guns. Perf Bone Spring, 7970'-12377', total 608 holes. Frac'd 7970'-12377' in 16 stages. Frac totals 24,192 gals 15% HCl Acid, 6,597,000# 20/40 Ottawa Sand. ND frac, MIRU PU, NU BOP, DO plugs & CO to PBTD 12397'. CHC, FWB, ND BOP. RIH w/ 213 jts 2-7/8" L-80 tbg, set @ 7232.6'. TOP. 14. Thereby certify that the foregoing is true and correct.							
Name (Printed Typed) Megan Moravec		Title Regulator	ry Compliance Analyst				
Signature Wearn War	ane.	Date 10/2/201	5				
11 44401 - 144	THIS SPACE FOR FEI						
Approved by							
		Title	,	Date			
	Approval of this notice does not warrant of the to those rights in the subject lease which hereon.	or certify		ANTY			
	U.S.C. Section 1212, make it a crime for an sentations as to any matter within its jurisdic		villfully to make to any departmen	for agency of the United States any false,			

Form 3160-5 (June 2015)

(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT** NMOCD Artesia

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

5. Lease Scrial No. NMNM92757 / NMNM110829

6. If Indian, Allottee or Tribe Name

SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an

E. Nome of Operation Cog Operations Clubs Other S. Nome of Operation Cog Operations Clubs Other S. Address 600 WILLINOIS AVE Thome No. (mechade area code) MILLOW LANCE SONE SPRING L. Location of Well (Frontge, Sec. T. R. M. or Survey Discreption) L. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA TYPE OF SUBNISSION TYPE OF ACTION Notice of Indent Acidize Other Clusters Other Clusters Other Clusters Other Clusters Alter Casing Hydraulia Francticus Reclamation Well Integrity Subsequent Report Change Plans Plug and Abundon Recomplete Other Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other Subsequent Report Change Plans Plug and Abundon Recomplete Other		Use Form 3160-3 (A	(PD) for such proposa	is.				
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2. Name of Opension COG OPERATING LLC 3a. Address 600 W ILLINOIS AVE 3b. Phose No. Include area code) 3b. Field and Pool of Exploratory Area 10b. Field And Fie	1. Type of Well							
3a. Address 600 W ILLINO(SAVE MOLAND TX 79701) 10. Field and Pool or Fisspotentry Area 10. Field and Pool or Fisspotentry Area 10. Field and Pool or Fisspotentry Area 11. Country or Parish, State EDDY COUNTY, MM 11. Country or Parish, State EDDY COUNTY, MM 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX(BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT OR OTHER DATA 12. CHECK THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT AND APPROVED THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF NOTICE REPORT AND APPROPRIATE BOX (BS) TO INDICATE NATURE OF PROPRIES AND APPROVED THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF APPROVED THE APPROPRIATE BOX (BS) TO INDICATE NATURE OF APPROPRIATE BOX (BS) TO INDICATE NATURE OF APPROPRIATE BOX			4,	8. Wel	Name and No. F	PARDUE 29 FEDERA	VL COM 6H	
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TYPE OF SUBMISSION Acidize	-							
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Alter Casing Hydraulic Fracturing Reclamation Well Integrity Subsequent Report Casing Repair New Construction Recomplete Other	TYPE OF SUBMISSION		T	YPE OF ACTION	,			
Subsequent Report Classing Repair New Construction Recomplete Other	Notice of Intent	==		=	•			
Change Plans Plug and Abandon Temporarily Abandon	Subsequent Report			<u> </u>		_		
3. 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 depth of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BIAMBIA. Required subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleted final handonnement 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.) CHANGE OF OPERATOR As required by 43 OFR 3100.0-5(a) and 43 OFR 3162.3, we are notifying you of a change in operator on the above referenced well. COG Operating LLC, as the new operator, accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the lease or portion of the lease described. COG Operating LLC meets federal bonding requirements as follows (43 OFR 3104): Bond Coverage: Individually Bonded BLM Bond File No. NMB000740 & NMB000215 NMOIL CONSERVATION RECEIVED NMOIL CONSERVATION SEE ATTACHED FOR ARTESIA DISTRICT OCT 0 5 2015 CONDITIONS OF APPROVAL OCT 0 5 2015 Lead Regulatory Analyst Title OCC Signalure Date THE SPACE FOR FEDERAL OR STATE OFICE USE IT TO A CONDITION OF APPROVAL ORTHORITY And Approved by Title Office Offic	Shosequent report	Change Plans	Plug and Abandon	Temporarily	Abandon			
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ARTESIA DISTRICT OCT 0 5 2015 ACCEPTED	is ready for final inspection.) CHANGE OF OPERATOR As required by 43 CFR 3100.0 COG Operating LLC, as the ne lease or portion of the lease de COG Operating LLC meets fee Bond Coverage: Individually E	-5(a) and 43 CFR 3162.3, w operator, accepts all apscribed. leral bonding requirement onded 0 & NMB000215	we are notifying you of a cha oplicable terms, conditions, sti s as follows (43 CFR 3104):	inge in operator or ipulations, and res	n the above refer trictions concerr	renced well. ning operations condu OFOR	ucted on the	
Accepted for record RECEIVED 14. Thereby certify that the foregoing is true and correct. Name (Printed/Typed) Melanie J. Wilson Title The SPACE FOR FEDERAL OR STATE OFICE USE IT IN THE SPACE FOR THE SP		NM C		CONDI	TIONS O	F APPROV	AL	
Approved by Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant to conduct operations thereon. 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 operations of spread of the section of th				Acc	2) 10/G	ecord		
Signature Title O9/01/2015 THE SPACE FOR FEDERAL OR STATE OFICE USE: Title OCT ORIGINATION OCT OCT OCT OCT OCT OCT OCT O	4. I hereby certify that the foregoing is	true and correct. Name (Pr.				10		
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Approved by Title OCT Pale Pale OCT Pale	Signature Malania	Milson	Date		09/01/201	15		
Title OCT vale 105 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. 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 generally of the United States		THE SPACE	FOR FEDERAL OR S	TATE OFICE	SETTI		1	
which would entitle the applicant to conduct operations thereon. BUT///JY LVI) VANVCYMENT Fitle 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 of exercise United States	Conditions of approval, if any, are attac	hed. Approval of this notice	does not warrant or		OCT	1 005 1 / r/O	$\sqrt{}$	
	which would entitle the applicant to cor Fitle 18 U.S.C Section 1001 and Title 4	duct operations thereon. 3 U.S.C Section 1212, make	it a crime for any person knowin		make to any deb	AN CYMENT ELL OF TE artment or agency of the	e United States	

Pardue 29 Federal Com 6H 30-015-42793 COG Operating, LLC October 01, 2015 Conditions of Approval

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facility diagrams as per Onshore Order #3
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
- 10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.

JAM 100115