

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill to deepen, abandon 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.
ADMIRAL FEDERAL COM 2H

9. API Well No.
30-015-42820

10. Field and Pool or Exploratory Area
PURPLE SAGE-WOLFCAMP GAS

11. County or Parish, State
EDDY COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC
Contact: MAYTE X REYES
E-Mail: mreyes1@concho.com

3a. Address
2208 WEST MAIN STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)
Ph: 575-748-6945

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 28 T25S R29E SWSE 190FSL 1980FEL

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	
	<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 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/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 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.

COG Operating LLC, respectfully requests approval for the following pool change to the original approved APD.

From: WC-015 G-07 S2529280;WOLFCAMP [98183]

To: PURPLE SAGE-WOLFCAMP GAS [98220]

C102 Attached.

NEW OIL CONSERVATION
ARTESIA DISTRICT
MAY 22 2017
RECEIVED

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

Electronic Submission #369230 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad

Name (Printed/Typed) MAYTE X REYES Title REGULATORY ANALYST

Signature (Electronic Submission) Date 03/09/2017

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By Mustafa Hague Title PETROLEUM ENGINEER Date 5/18/2017

Office BUREAU OF LAND MANAGEMENT CARLSBAD FIELD 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 ****

DISTRICT I
1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (876) 393-8181 Fax: (876) 393-9720

DISTRICT II
811 S. FIRST ST., ARTESIA, NM 88210
Phone: (876) 748-1283 Fax: (876) 748-9720

DISTRICT III
1000 RIO BRAZOS RD., AZTEC, NM 87410
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505
Phone: (505) 478-3460 Fax: (505) 478-3482

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 SOUTH ST. FRANCIS DR.
Santa Fe, New Mexico 87505

MAY 22 2017

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

RECEIVED District Office

AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

API Number 30-015-42820	Pool Code 98220	Pool Name Purple Sage-Wolfcamp Gas
Property Code 313927	Property Name ADMIRAL FEDERAL COM	Well Number 2H
OGRID No. 229137	Operator Name COG OPERATING, LLC	Elevation 2987.5

Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
0	28	25-S	29-E		190	SOUTH	1980	EAST	EDDY

Bottom Hole Location If Different From Surface

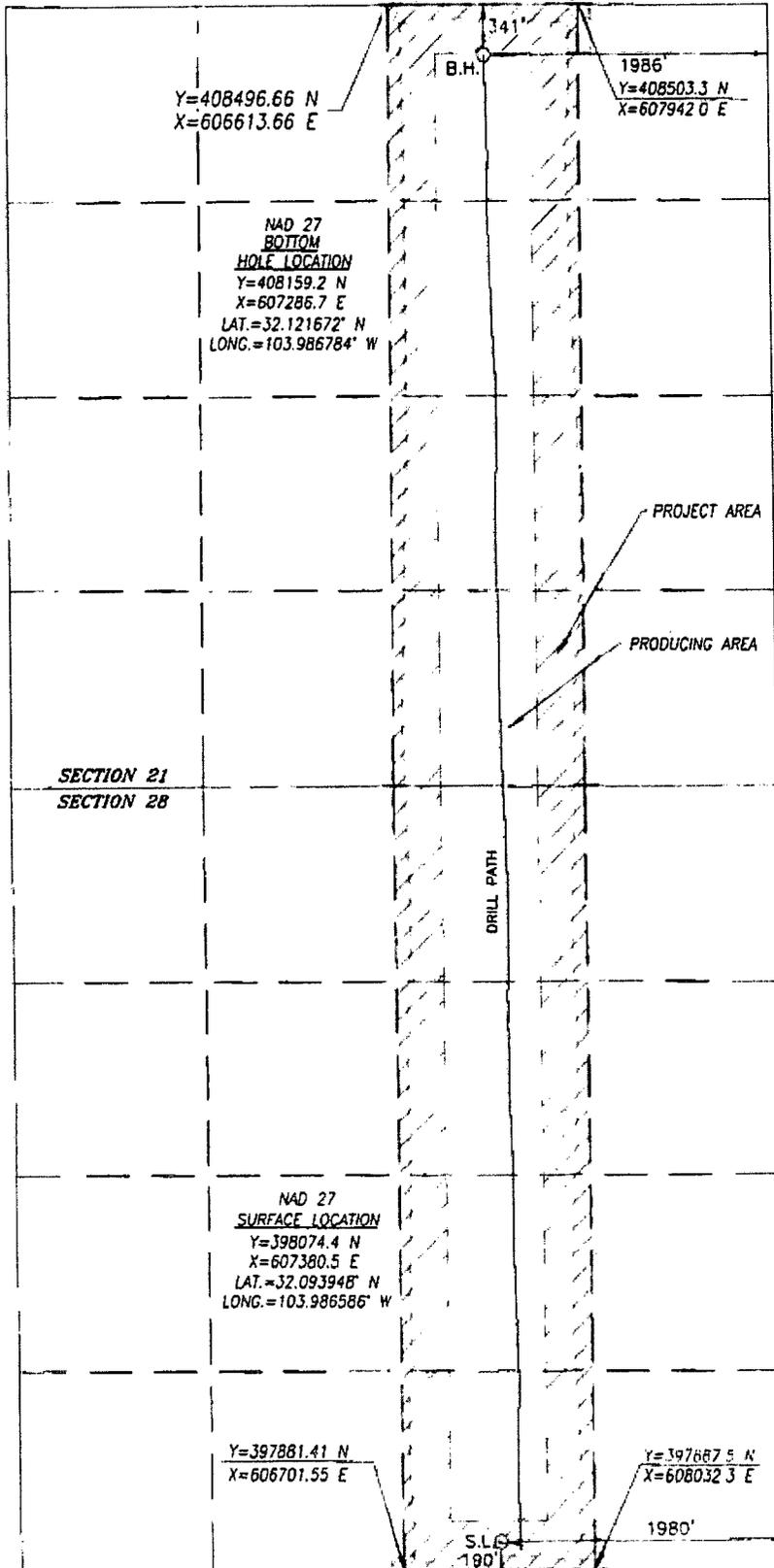
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	21	25-S	29-E		341	NORTH	1986	EAST	EDDY

Dedicated Acres 320	Joint or Infill	Consolidation Code	Order No.
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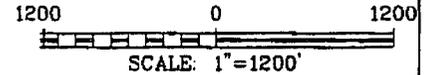
NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

SEE PAGE 2

Property Code 98220	Property Name ADMIRAL FEDERAL COM	Well Number 2H
OGRD No. 229137	Operator Name COG OPERATING, LLC	Elevation 2987.5



BOREPATH SHOWN HEREON IS BASED ON A DIRECTIONAL SURVEY REPORT PROVIDED BY COG OPERATING, LLC FOR THE ADMIRAL FEDERAL COM #2H ON MAY 27, 2016.



OPERATOR CERTIFICATION

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

Mayte Reyes 3/9/17
Signature Date

Mayte Reyes

Printed Name
mreyes1@concho.com
E-mail Address

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.

FEB. 14, 2014/MAY 7, 2016

SURVEY DATE/DATE OF GEOGRAPHIC REPORT

Signature & Seal of Professional Surveyor



Chad Harcrow 6/1/16
Certificate No. CHAD HARCROW 17777