Form 3160-5 (June 2015)

Carlsbad Field Office

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

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 or to re-enter an
abandoned well. Use form 3160-3 (APD) for such proposals.

5. Lease Serial No. NMNM114349

Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.				6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well ☐ Oil Well Gas Well ☐ Other				8. Well Name and No. JACK FEDERAL 1H		
Name of Operator Contact: AMANDA AVERY COG OPERATING LLC E-Mail: aavery@concho.com				9. API Well No. 30-015-38643		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	ne No. (include area code) 75-748-6940		10. Field and Pool or Exploratory Area PURPLE SAGE; WOLFCAMP			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 31 T25S R27E NWNW 380FNL 380FWL				EDDY COUNTY, NM		
12. CHECK THE AF	PPROPRIATE BOX(ES) TO INC	OICATE NATURE OF	F NOTICE,	REPORT, OR OTH	ER DATA	
TYPE OF SUBMISSION						
☐ Notice of Intent	☐ Acidize ☐	Deepen		ion (Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing ☐	Hydraulic Fracturing	draulic Fracturing		■ Well Integrity	
Subsequent Report	☐ Casing Repair ☐	☐ New Construction ☐ Recor		lete	☑ Other	
☐ Final Abandonment Notice	☐ Change Plans	Change Plans Plug and Abandon Tem		rarily Abandon Site Facility Diagra m/Security Plan		
	☐ Convert to Injection ☐	Plug Back	■ Water Disposal		•	
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. See attached Facility Diagram. NM OIL CONSERVATION ARTESIA DISTRICT						
Accepted for	2-6-18 record • NMOCD	FEB 0 5 2018				
		RECEIVED				
14. I hereby certify that the foregoing is true and correct. Electronic Submission #398648 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad						
Name (Printed/Typed) AMANDA	Title AUTHO	AUTHORIZED REPRESENTATIVE				
Signature (Electronic S		Date 12/20/20				
- Ind O	THIS SPACE FOR FED	ERAL OR STATE (OFFICE U	SE 		
Approved By huch	Megnete	Title	- P.t	ht.	Date / 1/18	
Conditions of approval, if any, are attache certify that the applicant holds legal or equ which would entitle the applicant to condu		0	F.0	***		
Title 18 U.S.C. Section 1001 and Title 43			willfully to ma	ike to any department or	agency of the United	

