

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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.***Carlsbad Field Office**
COO Artesia
Lease Serial No. NM 0057634

SUBMIT IN TRIPLICATE - Other instructions on page 2		7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	8. Well Name and No. MCINTYRE A WEST 17	
2. Name of Operator COG OPERATING LLC	Contact: ROBYN RUSSELL E-Mail: russell@concho.com	9. API Well No. 30-015-31789-00-S1
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-685-4385	10. Field and Pool or Exploratory Area LOCO HILLS-QU-GB-SA
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T17S R30E NWSE 1775FSL 1625FEL		11. County or Parish, State EDDY COUNTY, NM

12. CHECK THE 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"/> 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 checked="" 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 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.

San Andres Recompletion:

6/05/18 RIH. POOH w/rods and pump.
6/07/18 RIH w/CIBP @ 4394. Test frac stack & casing to 4000# for 30 min, good test.
6/21/18 Perf lower San Andres w/ 54 shots, 3 SPF, 3630' - 3987'.
6/27/18 Acidize Perfs w/1764 gals of acid. Frac w/254,447 gals Borate, 3,234 gals liner gel, 4,326 gals FW, 261,156 gals clean, 280,812 gals slurry, 314,051# 20/40 white sand, 61,650# 20/40 cool set. Set CFP @ 3360. Perf upper San Andres w/ 54 shots, 3 SPF, 3215' - 3572'. Acidize Perfs w/1260 gals acid. Frac w/238,140 gals Borate, 3,444 gals liner gel, 3,990 gals FW, 246,834 gals clean, 264,306 gals slurry, 315,886# 20/40 white sand, 64,715# 20/40 cool set.
7/06/18 Drill out CBP. Clean out to 4355'.
7/09/18 RIH w/ 122 jts 2-7/8" tbg, EOT @ 4265'. RIH w/ 2-1/2" x 2" x 20' RXBC pump. Hang on.

GC 10-12-18
Accepted for record - NMOCD

RECEIVED

OCT 12 2018

DISTRICT II-ARTESIA O.C.D.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #436650 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 09/27/2018 (18PP2735SE)	
Name (Printed/Typed) ROBYN RUSSELL	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 09/24/2018

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 _____	Office _____
	OCT 03 2018	/s/ Jonathon Shepard

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)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **