Form 3160-5 April 2004)

Instructions on page 2)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OM B No. 1004-0137

## SUNDRY NOTICES AND REPORTS ON WELLS tesia

Expires: Ma	rch 31, 2007
5. Lease Serial No.	
NMLC029418B	

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 reverse side.			7. If Unit or CA/Agreement, Name and/or No.										
1. Type of Well	Gas Well Other			NMNM71030 8. Well Name a TEX MACK	L 63								
2. Name of Operator COG O	perating LLC												
3a Address One Concho Center		3b. Phone No. (include area code)		9. API Well No. 30-015-39144									
600 W. Illinois Ave., Midland, TX 79701		432-683-7443		10. Field and Pool, or Exploratory Area									
4. Location of Well (Foolage, Sec., T., R., M., or Survey Description) I. 11. 17S, 31E, 2435 FSL & 705 FEL		) 		MAR LOCO  11. County or Parish, State  EDDY, NM									
							12. CHEÇK A	PPROPRIATE BOX(ES) TO	INDICÀTE NATUR	LE OF NOTICE, F	REPORT, OR O	THER DATA	
							TYPE OF SUBMISSION		- TY	PE OF ACTION	`		
☐ Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Production (S Reclamation Recomplete	Start/Resume) Water Shut Well Integr									
Subsequent Report	Change Plans	Plug and Abandon	Temporarily A			f Operator							
Final Abandonment Notice	Convert to Injection	☐ Plug Back	☐Water Disposa	1									
nis is notification of Change  OG Operating LLC, as new of  ase or portion of the lease  and Coverage: BLM Bond N	pperator, accepts all appl described.	icable stipulations	•	concerning ope	rations con	ducted on this							
	·	,	ATTACH	ED EVD		• .							
nange of Operator Effective	•		NDITIONS		OVAI	RECEIVED							
ormer Operator: Chevron U	SA	COI	NDITIONS	OF APPN	OVAL	)							
		0				JUN 2.5 2019							
14. Thereby cortify that the fore Name ( <i>Printed/Typed</i> ) Clay Bateman	going is true and correct	Title Vice I	President of Ne	w Mexico	DISTR	HICTH-ARTESIAO.							
Signature	Tantal	Date	2/3	PROVED									
1 4/	THIS SPACE FOR	FEDERAL OR S	TATE OFFICE	<b>USF 1 3</b> 20	119	,							
Approved by Conditions of approval, Many are a	uttached Approval of this police		itle BURFΔU	Date OF LAND MAN									
Conditions of approval, if any are a certify that the applicant holds legal which would entitle the applicant to	of equitable title to those rights i	nyhe subject lease		WELL FIELD O									

Tiple 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.

## **Change of Operator 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.
- 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 061319