

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OCD-HOBBS

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.
NMNM26692

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

SEP 22 2014

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
SCAB FEDERAL 01

2. Name of Operator
COG OPERATING LLC
Contact: AMANDA AVERY
E-Mail: aavery@concho.com

RECEIVED

9. API Well No.
30-025-38858-00-S1

3a. Address
ONE CONCHO CENTER 600 W ILLINOIS AVENUE
MIDLAND, TX 79701-4287

3b. Phone No. (include area code)
Ph: 575-748-6940

10. Field and Pool, or Exploratory
CORBIN

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 22 T18S R33E NENE 990FNL 660FEL

11. County or Parish, and State
LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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	Site Facility Diagram/Security Plan	
	<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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Please see attached Site Facility Diagram.

Accepted for Record Purposes.
Approval Subject to Onsite Inspection.
Date: 9/16/14
[Signature]

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

**Electronic Submission #249699 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by CATHY QUEEN on 06/19/2014 (14CQ0134SE)**

Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 06/16/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

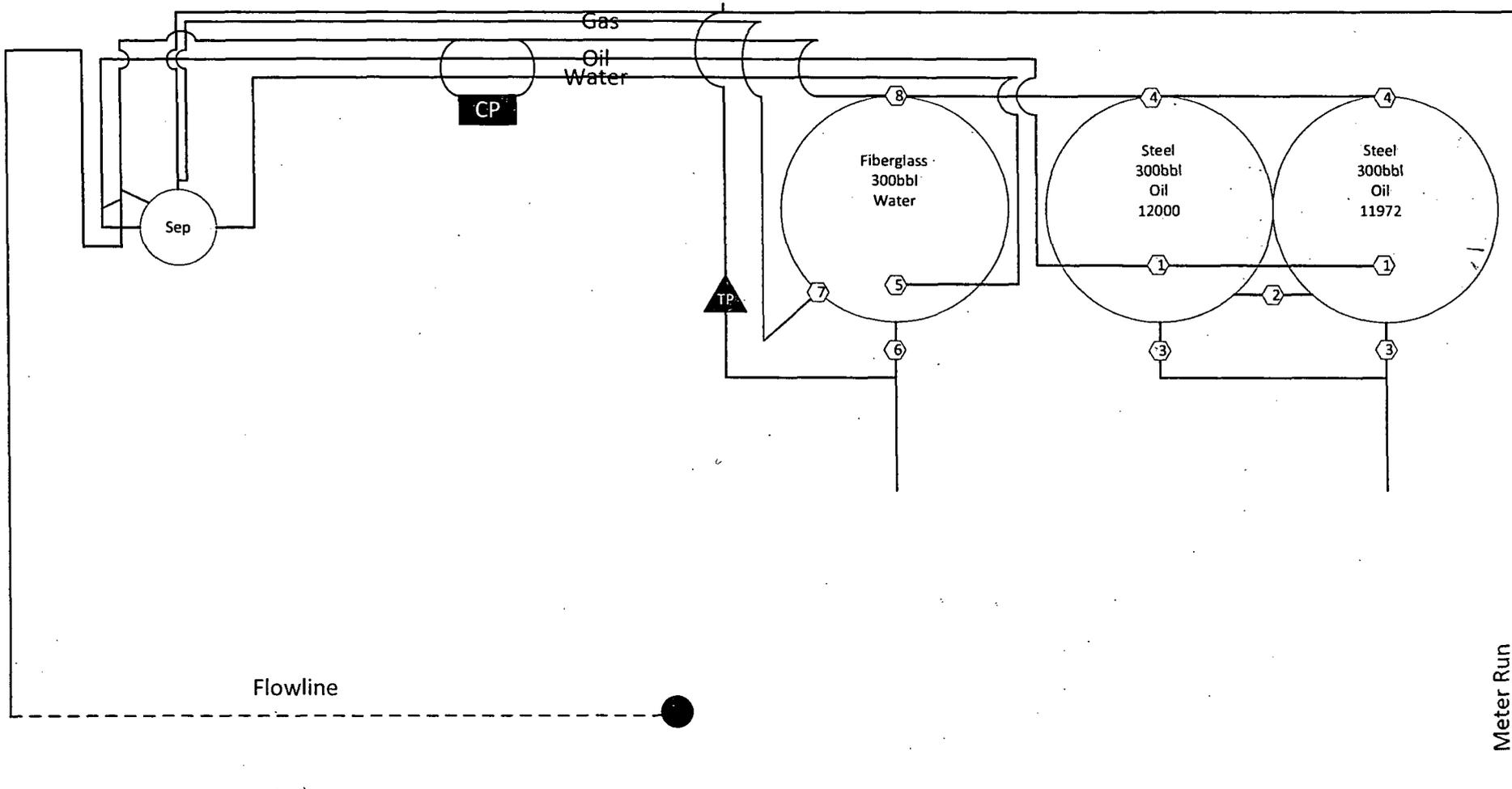
Approved By _____	Title _____	Date _____
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		
Office <i>[Signature]</i>		

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.

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

SEP 22 2014

[Handwritten mark]



Flowline

Meter Run

Accepted for Record Purposes,
 Approval Subject to Onsite Inspection.
 Date: 9/16/19
[Signature]

Scab Federal #1:
 NMNM26692
 30-025-28858
 22/18S/33E
 Lea County

CONCHO
 COG Operating LLC.
 2208 W Main St.
 Artesia, NM 88210



Scab Federal #1
NMNM26692
30-025-28858
22/18S/33E
Lea County

1. Production Phase (OT#1)

- A. Valves #1,#2,#4,#5, #7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #2 Positioned:
 - 1. Valves #1, #3, & #4 Closed and sealed

Production Phase (OT #2)

- A. Valves #1, #2, #4, #5, #7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1 Positioned:
 - 1. Valves #1, #3 & #4 Closed and Sealed

II. Sales Phase (OT#1)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #1 Open
- C. Valves on OT #2 Positioned:
 - 1. Valve #1, and #2, Open
 - 2. Valve #3 Closed and Sealed

Sales Phase (OT#2)

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #2 Open
- C. Valves on OT #1 Positioned:
 - 1. Valve #1, and #2 Open
 - 2. Valve #3 Closed and Sealed