SUNDR Do not use t	UNITED STATES DEPARTMENT OF THE IN BUREAU OF LAND MANA (NOTICES AND REPO his form for proposals to rell. Use form 3160-3 (APL	NTERIOR GEMENT RTS ON WELLS drill or to re-enter al	NM(Hol	obs	OMB NO	APPROVED D. 1004-0137 nuary 31, 2018
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. SMALLS FEDERAL 8H	
2. Name of Operator Contact: STORMI DAVIS COG OPERATING LLC E-Mail: sdavis@concho.com					9. API Well No. 30-025-43069	
3a. Address 3b. Phone N 2208 WEST MAIN Ph: 575-7 ARTESIA, NM 88210 Ph: 575-7			area code)	10. Field and Pool or Exploratory Area WILDCAT; BONE SPRING		
4. Location of Well <i>(Footage, Sec.,</i> Sec 28 T22S R34E Mer NM				11. County or Parish, State LEA COUNTY, NM		
12. CHECK THE A	APPROPRIATE BOX(ES)	TO INDICATE NAT	URE OF N	OTICE, RE	PORT, OR OTH	IER DATA
TYPE OF SUBMISSION	TYPE OF ACTION					
□ Notice of Intent	Acidize	Deepen	_		(Start/Resume)	U Water Shut-Off
Subsequent Report	 Alter Casing Casing Repair 	Hydraulic Fra New Constru		Reclamation Recomplete		☐ Well Integrity ☑ Other
Final Abandonment Notice	Change Plans	□ Plug and Aba		 Temporarily Abandon Water Disposal 		a onici
	Convert to Injection	Plug Back				
Attach the Bond under which the w following completion of the involv testing has been completed. Final determined that the site is ready for 11/16/16 Test annulus to 15 Perf 14736-14746' (44). Per 1/7/17 to 1/12/17 Perf 1046 10,205,580 gal fluid. 1/13/17 to 1/14/17 Drilled on 1/15/17 to 1/18/17 Set 2 7/8 1/19/17 Began flowing back 1/20/17 Date of first product	ed operations. If the operation res Abandonment Notices must be file r final inspection. 500#. Good test. Set CBP form injection test. 5-14690' (1188). Acdz w/8- ut CFP's. " 6.5# L-80 tbg @ 9857' & s & testing.	ults in a multiple complet ed only after all requirement @ 14760' & test csg t 4,630 gal 7 1/2%; frac	ion or recomple nts, including r to 8116#. G c w/8,424,79	etion in a new i eclamation, ha ood test. 14# sand &	interval, a Form 316 ve been completed a HOBI MAR	0-4 must be filed once
14. I hereby certify that the foregoing	Electronic Submission #3	367413 verified by the	BLM Well Info	ormation sys	stem/	\square
	Committed to AFMSS for p		AH MCKINNE	Y on 02/23/2	2017 ()	
Name (Printed/Typed) STORM	I DAVIS	Title	PREPAREF	R NOON	PTEN ENE	RECORD!
Signature (Electronic	c Submission)	Date	02/17/2017	700	LILUIU	X
	THIS SPACE FO	R FEDERAL OR S	TATE OF	FICEUSE	MAR 1	2017 1 1/1
Approved Du		Title		K	m	XXXXII
Approved By Conditions of approval, if any, are attack certify that the applicant holds legal or e which would entitle the applicant to con	not warrant or	/	BUT	CARLSBAD FIEL	OFFICE	
Title 18 U.S.C. Section 1001 and Title 4 States any false, fictitious or fraudulen	3 U.S.C. Section 1212, make it a t statements or representations as	crime for any person know to any matter within its ju	vingly and willf	fully to make to	o any department or	agency of the United
(Instructions on page 2) ** OPERA	TOR-SUBMITTED ** O	PERATOR-SUBMI	TTED * OI	PERATOR	-SUBMITTED	**
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