Form 3160<sup>2</sup>5 (June 2015)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

| abandoned well. Use form 3160-3 (APD) for such proports. 10 10 10 156. If Indian, Allottee or Tribe Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                         |                                                        |                             |                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------------------------|-----------------------------|-------------------------------------------------|--|
| SUBMIT IN 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NMNM134732                              | 7. If Unit or CA/Agreement, Name and/or No. NMNM134732 |                             |                                                 |  |
| 1. Type of Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                         |                                                        | 6. Well Ivalle and Ivo.     | Well Name and No.     NIGHTCAP 6 FEDERAL COM 3H |  |
| 2. Name of Operator COG OPERATING LLC CATHY SEELY E-Mail: CSEELY@CONCHO.COM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |                                                        | ( ) Jag. Art wen no.        | 9. API Well No.<br>30-025-41589-00-S1           |  |
| 3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287  3b. Phone No. (include area code) Ph: 575-748-1549  10. Field and Pool or Exploratory Area LUSK-BONE SPRING, SOUTH                                                                                                                                                                                                                                                                                                                                                                                                                 |                                         |                                                        |                             |                                                 |  |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                        | 11. County or Parish,       | 11. County or Parish, State                     |  |
| Sec 6 T20S R32E Lot 3 330FNL 2020FWL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         |                                                        |                             | NM                                              |  |
| 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                         |                                                        |                             |                                                 |  |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | TYPE OF ACTION                          |                                                        |                             |                                                 |  |
| ■ Notice of Intent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | □ Acidize                               | □ Deepen                                               | ☐ Production (Start/Resume) | ■ Water Shut-Off                                |  |
| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ☐ Alter Casing                          | ☐ Hydraulic Fracturing                                 | ☐ Reclamation               | ■ Well Integrity                                |  |
| ☐ Subsequent Report                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Casing Repair                           | ■ New Construction                                     | ☐ Recomplete                | <b>⊠</b> Other                                  |  |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | □ Change Plans                          | □ Plug and Abandon                                     | □ Temporarily Abandon       | Venting and/or Flari<br>ng                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Convert to Injection                  | □ Plug Back                                            | ■ Water Disposal            | J                                               |  |
| 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.  COG OPERATING LLC RESPECTFULLY REQUEST TO FLARE AT THE NIGHTCAP 6 FEDERAL COM #3H.  FROM 1/21/19 TO 4/21/19.  # OF WELLS TO FLARE: 1 NIGHTCAP 6 FEDERAL COM #3H: 30-025-41589  BBSL OIL/DAY: 150 MCF/DAY: 320 |                                         |                                                        |                             |                                                 |  |
| 14. I hereby certify that the foregoing is true and correct.  Electronic Submission #450818 verified by the BLM Well Information System  For COG OPERATING LLC, sent to the Hobbs  Committed to AFMSS for processing by PRISCILLA PEREZ on 01/28/2019 (19PP0790SE)                                                                                                                                                                                                                                                                                                                                             |                                         |                                                        |                             |                                                 |  |
| Name (Printed/Typed) CATHY SI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | EELY                                    | Title ENGINE                                           | ERING TECH                  |                                                 |  |
| Signature (Electronic S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Submission)                             | Date 01/16/20                                          | 19                          |                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | THIS SPACE FOR                          | FEDERAL OR STATE O                                     | OFFICE USE                  |                                                 |  |
| /s/ Jona                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - Petrolei                              | um Engineer                                            | JAN <sub>D</sub> 3, 1 2019  |                                                 |  |
| Conditions of approval, if any, are attached<br>certify that the applicant holds legal or equivalent would entitle the applicant to condu-                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | itable title to those rights in the sul |                                                        |                             |                                                 |  |
| Fitle 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                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                         |                                                        |                             |                                                 |  |

## Additional data for EC transaction #450818 that would not fit on the form

32. Additional remarks, continued

REASON: UNPLANNED MIDSTREAM CURTAILMENT

#### **BUREAU OF LAND MANAGEMENT**

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

### **Conditions of Approval to Flare Gas**

- 1. Approval not to exceed 180 days from date of submission.
- 2. All flaring under this request is considered to be "avoidably lost" per 43 CFR 3179.4(a)(2)(i iii). Volumes for avoidably lost gas shall be reported on OGOR "B" reports as disposition code "33".

#### **Exceptions:**

- a. The first 24 hours of a temporary emergency flare is considered "unavoidably lost" and is therefore royalty free (43 CFR 3179.103(a)). Flared volumes that are considered unavoidably lost are not to be included in Sundry Notice (Form 3160-5). These Volumes are not royalty bearing and shall be reported on OGOR "B" as either disposition code "21" or "22".
- b. If the operator believes that the flared volumes were "unavoidably lost", the operator can submit a request via Sundry Notice (Form 3160-5) with justification for an exception in accordance with 43 CFR 3179.4, 3179.101 3179.104.