	13160-5 2015) UNITED STATES DEPARTMENT OF THE INTERIOR			FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM120907 ~ 6. If Indian, Allottee or Tribe Name	
BUREAU OF LAND MANAGEMENT SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter abandoned well. Use form 3160-3 (APD) for such proposes. SUBMIT IN TRIPLICATE - Other instructions on page A			5. Lease Serial No. NMNM12090		
			o. Il indian, Allotte		
SUBMIT IN 1	RIPLICATE - Other instruction	is on page A 24	7. If Unit or CA/A	greement, Name and/or	
1. Type of Well  Oil Well  Gas Well  Oth	ier	REU	8. Well Name and 1 EIDER FEDER		
COG PRODUCTION LLC E-Mail: aavery@concho.com				9. API Well No. 30-025-44634-00-X1	
		one No. (include area code) 75-748-6940			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. County or Parish, State		
Sec 35 T24S R32E SWSW 240FSL 1050FWL 32.167477 N Lat, 103.650597 W Lon				LEA COUNTY, NM	
12. CHECK THE AF	PPROPRIATE BOX(ES) TO INI	DICATE NATURE OF	NOTICE, REPORT, OR O	THER DATA	
TYPE OF SUBMISSION		TYPE OF	OF ACTION		
Notice of Intent	□ Acidize [	] Deepen	Production (Start/Resume)	□ Water Shut-	
_	□ Alter Casing □	Hydraulic Fracturing	Reclamation	🗖 Well Integri	
Subsequent Report	Casing Repair	New Construction	Recomplete	Other	
Final Abandonment Notice		] Plug and Abandon ] Plug Back	<ul> <li>Temporarily Abandon</li> <li>Water Disposal</li> </ul>		
<ul> <li>2) Amount of water producing</li> <li>3) How water is stored on lease</li> <li>4) How water is moved to disp</li> <li>5) Disposal Facility #1</li> <li>a) Facility Operator Name: C</li> <li>b) Name of facility or well name</li> <li>c) Type of facility or well: WD</li> </ul>	ng water on lease: Bone Spring - in barrels per day: 500 bwpd - se: 2-500 BBL Fiberglass tank - oosal: Piped to nearest SWD Sys OG Operating LLC ne & number: Gold Coast 26 Fed W & R: NESW, Sec 26-T24S-R32E	stem	<del></del>		
14. I hereby certify that the foregoing is	Electronic Submission #461923 v For COG PRODUC	TION LLČ, sent to the h	lobbs		
14. I hereby certify that the foregoing is	nmitted to AFMSS for processing b AVERY	-	RIZED REPRESENTATIVE		
Con			CCEPTED FOR REC	CORD	
Con Name(Printed/Typed) AMANDA	ubmission)				
Con		Date 04/11/20		<del></del>	
Con Name(Printed/Typed) AMANDA	Submission) THIS SPACE FOR FEE	Date 04/11/20			
Con Name(Printed/Typed) AMANDA	THIS SPACE FOR FEE	Date 04/1 //2C		AENT	

## Additional data for EC transaction #461923 that would not fit on the form

## 32. Additional remarks, continued

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.