DEPARTMENT OF THE INTERIOR 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 propo SUBMIT IN TRIPLICATE - Other instructions on reverse SUBMIT IN TRIPLICATE - Other instructions on reverse Use form 3160-3 (APD) for such propo SUBMIT IN TRIPLICATE - Other instructions on reverse SUBMIT IN TRIPLICATE - Other instructions on reverse Contact: STORMI DAVIS E-Mail: sdavis@concho.com 3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210 4. Location of Well (Footage, Sec., T., R. M., or Survey Description) Sec 4 T19S R31E NENW 760FNL 1980FWL 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT TYPE OF SUBMISSION 21. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT Subsequent Report Subsequent Report Final Abandonment Notice Change Plans Convert to Injection Plug Back 13. Describe Proposed or Completed Operation (clearly state all pertinent details, including esti	ar an osals.       6. If Indian, Allottee or Tribe Name         6. If Indian, Allottee or Tribe Name         side.       7. If Unit or CA/Agreement, Name and/or No.         8. Well Name and No. SOUTH SHUGART DEEP 1         9. API Well No. 30-015-23938         ude area code)       10. Field and Pool, or Exploratory SWD; DEVONIAN
Do not use this form for proposals to drill or to re-enter abandoned well. Use form 3160-3 (APD) for such proposals         SUBMIT IN TRIPLICATE - Other instructions on reverse         1. Type of Well         Oil Well O Gas Well O Other:         INJECTION         2. Name of Operator COG OPERATING LLC         3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210         3b. Phone No. (inclu Ph: 575-748-694 Fx: 575-748-694 Fx: 575-748-6968         4. Location of Well         (Footage, Sec., T., R., M., or Survey Description)         Sec 4 T19S R31E NENW 760FNL 1980FWL         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION         I2. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION         I2. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         I2. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         I2. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         I3. Notice of Intent         Alter Casing         I3. Subsequent Report         I3. Subsequent Report         I3. Final Abandonment Notice         I2. Convert to Injection         I3. Plug and A         I3. Convert to Injection    <	br an osals.       6. If Indian, Allottee or Tribe Name         6. If Indian, Allottee or Tribe Name         side.       7. If Unit or CA/Agreement, Name and/or No.         8. Well Name and No. SOUTH SHUGART DEEP 1         9. API Well No. 30-015-23938         ude area code)         46         8.         11. County or Parish, and State
1. Type of Well       Gas Well       Gother:       INJECTION         2. Name of Operator COG OPERATING LLC       Contact:       STORMI DAVIS E-Mail: sdavis@concho.com         3a. Address       3b. Phone No. (inclu Ph: 575-748-694 ARTESIA, NM 88210       3b. Phone No. (inclu Ph: 575-748-694 Fx: 575-748-6966         4. Location of Well       (Footage, Sec., T., R., M., or Survey Description)       Sec 4 T19S R31E NENW 760FNL 1980FWL         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION       Image: Convert of Intent       Deepen         Subsequent Report       Casing Repair       New Cons         Final Abandonment Notice       Change Plans       Plug and A         Convert to Injection       Plug Back	8. Well Name and No. SOUTH SHUGART DEEP 1         9. API Well No. 30-015-23938         ude area code)         10. Field and Pool, or Exploratory SWD; DEVONIAN         8         11. County or Parish, and State
□ Oil Well       □ Gas Well       ☑ Other:       INJECTION         2. Name of Operator COG OPERATING LLC       Contact:       STORMI DAVIS E-Mail: sdavis@concho.com         3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210       3b. Phone No. (inclu Ph: 575-748-6946         4. Location of Well       (Footage, Sec., T., R., M., or Survey Description)         Sec 4 T19S R31E NENW 760FNL 1980FWL         I 2. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION         IIII       □ Acidize       □ Deepen         IIIII       □ Acidize       □ Deepen         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	SOUTH SHUGART DEEP 1 9. API Well No. 30-015-23938 10. Field and Pool, or Exploratory SWD; DEVONIAN 8 11. County or Parish, and State
2. Name of Operator COG OPERATING LLC       Contact: STORMI DAVIS E-Mail: sdavis@concho.com         3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210       3b. Phone No. (inclu Ph: 575-748-694 Fx: 575-748-6968         4. Location of Well       (Footage, Sec., T., R., M., or Survey Description)         Sec 4 T19S R31E NENW 760FNL 1980FWL         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT TYPE OF SUBMISSION         Image: Subsequent Report       Image: Acidize       Image: Deepen         Image: Subsequent Report       Casing Repair       Image: New Cons         Image: Final Abandonment Notice       Change Plans       Image: Plug and A	30-015-23938       ude area code)     10. Field and Pool, or Exploratory       46     SWD; DEVONIAN       8     11. County or Parish, and State
2208 WEST MAIN STREET ARTESIA, NM 88210       Ph: 575-748-6944 Fx: 575-748-6968         4. Location of Well (Footage, Sec., T., R., M., or Survey Description)         Sec 4 T19S R31E NENW 760FNL 1980FWL         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION         Image: Subsequent Report         Image: Subsequent Report         Image: Final Abandonment Notice         Image: Convert to Injection         Image: Plug Back	46 SWD; DEVONIAN 8 11. County or Parish, and State
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12. CHECK APPROPRIATE BOX(ES) TO INDICATE NAT         TYPE OF SUBMISSION         Image: Construct on the state of the	EDDY COUNTY, NM
TYPE OF SUBMISSION         Image: Notice of Intent         Image: Subsequent Report         Image: Final Abandonment Notice         <	
<ul> <li>Notice of Intent</li> <li>Subsequent Report</li> <li>Final Abandonment Notice</li> <li>Convert to Injection</li> <li>Deepen</li> <li>Alter Casing</li> <li>Fracture T</li> <li>Casing Repair</li> <li>New Conse</li> <li>Convert to Injection</li> <li>Plug Back</li> </ul>	FURE OF NOTICE, REPORT, OR OTHER DATA
Image: Subsequent Report       Image: Alter Casing       Image: Fracture T         Image: Subsequent Report       Image: Casing Repair       Image: New Construction         Image: Final Abandonment Notice       Image: Casing Repair       Image: Plug Back         Image: Subsequent Report       Image: Casing Repair       Image: Plug Back	TYPE OF ACTION
□ Alter Casing       □ Fracture T         □ Subsequent Report       □ Casing Repair       □ New Cons         □ Final Abandonment Notice       □ Change Plans       □ Plug and A         ☑ Convert to Injection       □ Plug Back	Production (Start/Resume) Water Shut-Off
<ul> <li>□ Final Abandonment Notice</li> <li>□ Change Plans</li> <li>□ Plug and A</li> <li>□ Convert to Injection</li> <li>□ Plug Back</li> </ul>	Freat 🗖 Reclamation 🗖 Well Integrity
Convert to Injection 📋 Plug Back	struction 🔲 Recomplete
13 Describe Proposed or Completed Operation (clearly state all pertinent details, including esti	_ · ·
<ul> <li>If the proposal is to deepen directionally or recomplete horizontally, give subsurface locatio Attach the Bond under which the work will be performed or provide the Bond No. on file w following completion of the involved operations. If the operation results in a multiple comptesting has been completed. Final Abandonment Notices shall be filed only after all required determined that the site is ready for final inspection.)</li> <li>COG Operating LLC respectfully requests approval to convert this well to \$1\$ Pick up retainer and squeeze Morrow perfs 11823-11969' w/50 sx Class followed by 50 sx Class H neat.</li> <li>2) Test squeezed perfs to 1000-1500#.</li> <li>3) Perf Devonian 13242-13310' and 13372-13500' (196 shots).</li> </ul>	vith BLM/BIA. Required subsequent reports shall be filed within 30 days pletion or recompletion in a new interval, a Form 3160-4 shall be filed once ements, including reclamation, have been completed, and the operator has SWD as follows:
4) Pump 20000 gal 20% HCl acid.	SEE ATTACHED FOR
5) Pick up injection pkr and 3.5"/9.3/L80/EUE Special Clearance Glassbor	ore internally-lined tbg and CONDITIONS OF APPROVAL
14. I hereby certify that the foregoing is true and correct. Electronic Submission #225611 verified by th For COG OPERATING LLC, se Committed to AFMSS for processing by JOHN	ent to the Carlsbad
Name(Printed/Typed) STORMI DAVIS Title	
Signature (Electronic Submission) Date	APPROVED
THIS SPACE FOR FEDERAL OF	
Approved By	
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.	
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person kr States any false, fictitious or fraudulent statements or representations as to any matter within its	BUREAU OF LAND MANAGEMENT
states any rate, neurous of maturing datements of representations as to any matter within its	ice BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE nowingly and willfully to make to any department or agoncy of the United