Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

NM OIL CONSERVATION Off Bi Aptesia

MAR 09 2015

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

5. Lease Serial No. NMNM115417

I IO not ilea thi	SUNDRY NOTICES AND REPORTS ON WELLS			NMNM115417 6. If Indian, Allottee or Tribe Name 7. If Unit or CA/Agreement, Name and/or No.	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals ECEIVED			VED 6. If I		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.			7. If U		
1. Type of Well Gas Well Other				8. Well Name and No. BIG PAPI FEDERAL COM 2H	
Name of Operator Contact: STORMI DAVIS COG OPERATING LLC E-Mail: sdavis@concho.com				9. API Well No. 30-015-37833	
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code Ph: 575-748-6946		10. Field and Pool, or Exploratory CORRAL CANYON; BS, SOUTH		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)			11. Co	11. County or Parish, and State	
Sec 4 T26S R29E Mer NMP NENW 330FNL 1980FWL			ED	EDDY COUNTY, NM	
				}	
12. CHECK APPR	ROPRIATE BOX(ES) TO	INDICATE NATURE OF	NOTICE, REPORT	OR OTHE	R DATA
	TYPE OF ACTION				
TYPE OF SUBMISSION		TYPE O	FACTION		
	☐ Acidize	TYPE O	F ACTION □ Production (Sta	rt/Resume)	☐ Water Shut-Off
☐ Notice of Intent	☐ Acidize ☐ Alter Casing'			rt/Resume)	☐ Water Shut-Off ☐ Well Integrity
	_	☐ Deepen	☐ Production (Sta	rt/Resume)	─ Well Integrity☑ Other
☐ Notice of Intent	☐ Alter Casing′	☐ Deepen ☐ Fracture Treat	☐ Production (Sta		☐ Well Integrity
☐ Notice of Intent Subsequent Report	☐ Alter Casing' ☐ Casing Repair ☐ Change Plans ☐ Convert to Injection	☐ Deepen ☐ Fracture Treat ☐ New Construction ☐ Plug and Abandon ☐ Plug Back	Production (Sta	andon	☐ Well Integrity ☑ Other Production Start-up

14. I hereby certify that the foregoing is true and correct Electronic Submission #258778 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by DEBORAH HAM on 10/23/29 (4.0) FOR RECORD Name(Printed/Typed) STORMI DAVIS Title **PREPARER** (Electronic Submission) MAR 2015 Signature Date 08/28/2014 THIS SPACE FOR FEDERAL OR STATE OFFICE USE BUREAU OF LAND MANAGEMENT CARLSBAD FIELD DEFICE Title _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. Office