

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.***SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM113927
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: NETHA AARON E-Mail: oaaron@conchoresources.com		7. If Unit or CA/Agreement, Name and/or No. NMNM133169
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 432-818-2319 Fx: 432-685-4396	8. Well Name and No. NOOSE FEDERAL 1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T19S R25E SWNE 1650FNL 2310FEL		9. API Well No. 30-015-35416-00-S1
		10. Field and Pool, or Exploratory WILDCAT
		11. County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Venting and/or Flaring
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Actual gas flared for this battery for 10/1/13 to 1/1/14 is as follows:

(Permit approval: Electronic Submission #221915)

OCT Total for Battery = 0 mcf  
 NOV Total for Battery = 0 mcf  
 DEC Total for Battery = 0 mcf  
 JAN Total for Battery = 0 mcf

Number of wells flared: (3)

NOOSE FEDERAL #1 30-015-35416

**NM OIL CONSERVATION**  
 ARTESIA DISTRICT  
 APR 06 2015  
 RECEIVED

APR 4/29/15  
 Accepted for record  
 NMOC

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #253152 verified by the BLM Well Information System</b> <b>For COG OPERATING LLC, sent to the Carlsbad</b> <b>Committed to AFMSS for processing by JENNIFER SANCHEZ on 04/01/2015 (15JAS0289SE)</b>	
Name (Printed/Typed) NETHA AARON	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 07/15/2014
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By _____	Title _____
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 _____

ACCEPTED FOR RECORD

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

**Additional data for EC transaction #253152 that would not fit on the form**

**32. Additional remarks, continued**

NOOSE FEDERAL #2H 30-015-41384  
NOOSE FEDERAL #4H 30-015-36537

Reason: DCP Shut in.