

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Artesia

FORM 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.

<p>1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other</p>	<p>5. Lease Serial No. NMLC028731A</p>
<p>2. Name of Operator COG OPERATING LLC</p> <p style="text-align: right;">Contact: CHASITY JACKSON E-Mail: cjackson@concho.com</p>	<p>6. If Indian, Allottee or Tribe Name</p>
<p>3a. Address ONE CONCHO CENTER 600 W. ILLINOIS AVE MIDLAND, TX 79701</p>	<p>7. If Unit or CA/Agreement, Name and/or No. NMMN111789X</p>
<p>3b. Phone No. (include area code) Ph: 432-686-3087</p>	<p>8. Well Name and No. DODD FEDERAL UNIT 651</p>
<p>4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 22 T17S R29E Mer NMP SENE 2520FNL 130FEL</p>	<p>9. API Well No. 30-015-41027</p>
<p>10. Field and Pool, or Exploratory DODD;GLORIETA-UPPER YESO</p>	<p>11. County or Parish, and State EDDY COUNTY, NM</p>

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

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.)

12/15/14 Spud 17-1/2 @ 8:30PM.
 12/16/14 TD 17-1/2 @ 274. Ran 7jts 13-3/8 J55 54.5# @ 274. Cmt w/400sx C. PD @ 8:35AM. Circ 109sx.
 WOC 18hrs. Test BOP to 2000# for 30min ok.
 12/17/14 TD 11 @ 954. Ran 22jts 8-5/8 J55 24# @ 954. Cmt w/300sx C. +adds lead, 200sx C. tail. PD @ 11:40PM. Circ 230sx. WOC 18hrs. Test BOP to 2000# for 30min ok.
 12/20/14 TD 7-7/8 @ 4555. Ran 104jts 5-1/2 J55 17# @ 4545.
 12/21/14 Cmt w/500sx C. +adds lead, 400sx C. +adds tail. PD @ 9:17AM. Circ 276sx. WOC 24hrs. RR.

Accepted for record
UJD NMOCD 7/23/15

NM OIL CONSERVATION
ARTESIA DISTRICT
JUN 25 2015
RECEIVED

14. I hereby certify that the foregoing is true and correct.		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>ACCEPTED FOR RECORD</p> <p style="font-size: 1.2em;">JUN 18 2015</p> <p><i>[Signature]</i></p> <p>BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE</p> </div>
<p>Electronic Submission #286253 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH HAM on 06/11/2015</p>		
Name (Printed/Typed) CHASITY JACKSON	Title PREPARER	
Signature (Electronic Submission)	Date 12/23/2014	

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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 _____	

Title 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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ****