Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia

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

5. Lease Serial No. NMLC069033

| SUNDRY N | OTICES AND | REPORTS O | N WELLS |
|-----------------|----------------|------------------|----------------|
| Do not use this | form for propo | sals to drill or | to re-enter an |
| abandanad wall | Hon form 2461 | 0 2 /ADD) for a | wah aranaala |

6. If Indian, Allottee or Tribe Name

| SUBMIT IN TRIPLICATE - Other instructions on reverse side. | | | | 7. If Unit or CA/Agreement, Name and/or No. NMNM133159 | | | |
|--|---|---|---|--|---|--|--|
| t. Type of Well ☑ Oil Well □ Gas Well □ Other | | | | 8. Well Name and No. BLUE THUNDER 5 FEDERAL COM 5H | | | |
| Name of Operator Contact: BRIAN MAIORINO COG OPERATING LLC E-Mail: bmaiorino@concho.com | | | | 9. API Well No. 30-015-42016-00-S1 | | | |
| 3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701 | 10. Field and Pool, or Exploratory HACKBERRY | | | | | | |
| 4. Location of Well (Footage, Sec., T. | 11. County or Parish, and State | | | | | | |
| Sec 4 T19S R31E NWSW 163 32.686557 N Lat, 103.881650 | EDDY COUNTY, NM | | | | | | |
| 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | | | |
| TYPE OF SUBMISSION | , | | | | | | |
| ☐ Notice of Intent | ☐ Acidize ☐ Deepen - ☐ Pro | | ☐ Product | ction (Start/Resume) | | | |
| _ | ☐ Alter Casing ☐ Fr | acture Treat | Reclama | ation | ■ Well Integrity | | |
| Subsequent Report | ☐ Casing Repair ☐ No | ew Construction | ☐ Recomp | lete | Other | | |
| ☐ Final Abandonment Notice | ☐ Change Plans ☐ Pl | ug and Abandon | ☐ Tempora | arily Abandon | Venting and/or Flaring | | |
| * | ☐ Convert to Injection ☐ Pl | ig Back | □ Water D | Pisposal | · | | |
| following completion of the involved | 0/29/14 to 1/29/15 | ple completion or reco | mpletion in a n | ew interval, a Form 3160, have been completed, a | 0-4 shall be filed once and the operator has | | |
| December | • | () | | | ONSERVATION IA DISTRICT | | |
| Total Flared = 95 mcf January Total Flared = 2042 mcf | J2 Acc | D 10/14/15 Poted for reco | ord Dra | | 1 4 2015 | | |
| | | : | | REG | CEIVED | | |
| Name (Printed/Typed) BRIAN MA | Electronic Submission #299911 verification For COG OPERATING in itted to AFMSS for processing by JEN IORINO | LC, sent to the Ca NFER SANCHEZ or Title AUTHOR | risbad n 09/29/2015 RIZED REP CEPIEL | (15JAS0259SE)/ RESENTATIVE | RD / | | |
| Signature (Electronic S | | Date 04/29/20 | | -//A | | | |
| THIS SPACE FOR FEDERAL OR STATE OFFICE USE | | | | | | | |
| ertify that the applicant holds legal or equi which would entitle the applicant to conduc | . Approval of this notice does not warrant or table title to those rights in the subject lease of operations thereon. J.S.C. Section 1212, make it a crime for any | Office | CARLSBAL | AND WANNIGHT ENT OFFICE | | | |
| States any false, fictitious or fraudulent st | atements or representations as to any matter | within its jurisdiction. | THE THE PERSON NAMED IN COLUMN | any department of a | Bostoy of the Office | | |