

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: January 31, 2018

**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.*

|  |  |  |
|--|--|--|
| <b>SUBMIT IN TRIPLICATE - Other instructions on page 2</b>   |  | 5. Lease Serial No. NMNM102909                                       |
| 1. Type of Well<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other |  | 6. If Indian, Allottee or Tribe Name                                 |
| 2. Name of Operator COG OPERATING LLC  |  | 7. If Unit of CA/Agreement, Name and/or No. NMNM117901               |
| 3a. Address 600 W ILLINOIS AVE<br>MIDLAND TX 79701   |  | 8. Well Name and No. FULL CHOKE COM #1                               |
| 3b. Phone No. (include area code)<br>(575) 748-6940  |  | 9. API Well No. 30-015-35270   |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>660' FNL & 1340' FWL, SECTION 32 T24S R28E             |  | 10. Field and Pool or Exploratory Area<br>MALAGA; MORROW, WEST (GAS) |
|  |  | 11. Country or Parish, State<br>EDDY COUNTY, NM                      |

## 12. CHECK THE 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"/> Hydraulic Fracturing | <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       |   |
|   | <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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.)

## CHANGE OF OPERATOR

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change in operator on the above referenced well.

COG Operating LLC, as the new operator, accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the lease or portion of the lease described.

COG Operating LLC meets federal bonding requirements as follows (43 CFR 3104):

Bond Coverage: Individually Bonded

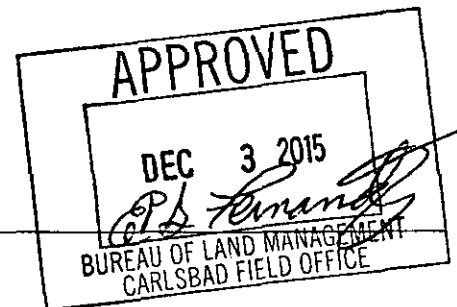
BLM Bond File No. NMB000740 & NMB000215

## NM OIL CONSERVATION

ARTESIA DISTRICT

DEC 07 2015

RECEIVED



14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)

Melanie J. Wilson

Title Lead Regulatory Analyst

Signature

*Melanie J. Wilson*

Date

11/24/2015

## THE SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

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.

(Instructions on page 2)