

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

Form 3160-5 (August 2007)	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT OCD-ARTI			TESL			
SUNDRY NOTICES AND REPORTS ON WELLS						5. Lease Serial No. NMNM120895	
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.						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.	
1. Type of Well Gas Well Other						8. Well Name and No. PATRON 23 FEDERAL 4H	
Name of Operator Contact: STORMI DAVIS COG PRODUCTION LLC E-Mail: sdavis@concho.com						9. API Well No. 30-015-42451-00-X1	
3a. Address 2208 W MAI ARTESIA, N		,	3b. Phone No. (include area code) Ph: 575-748-6946			10. Field and Pool, or Exploratory WOLFCAMP	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 23 T25S R29E NENE 190FNL 660FEL 32.122101 N Lat, 103.948205 W Lon						11. County or Parish, and State EDDY COUNTY, NM	
1:	2. CHECK APPE	ROPRIATE BOX(ES) TO	INDICATE NAT	JRE OF NO	TICE, RI	EPORT, OR OTHE	R DATA
TYPE OF S	F SUBMISSION TYPE OF ACTION						
☐ Notice of I	ntent	☐ Acidize	☐ Deepen		☐ Production (Start/Resume)		☐ Water Shut-Off
	Report	☐ Alter Casing ☐ Casing Repair	☐ Fracture Tr ☐ New Const	•	☐ Reclamation ☐ Recomplete		☐ Well Integrity☐ Other
☐ Final Abandonment Notice		☐ Casing Repair	Plug and Abandon Temporarily			- Other	
		Convert to Injection	☐ Plug Back			•	
If the proposal Attach the Bon- following comp testing has beer	is to deepen directions I under which the worlder the involved	eration (clearly state all pertiner ally or recomplete horizontally, it will be performed or provide operations. If the operation repandonment Notices shall be filmal inspection.)	give subsurface location the Bond No. on file wi sults in a multiple compl ed only after all requiren	s and measured th BLM/BIA. F etion or recome	l and true ve Required sul pletion in a reclamation	rtical depths of all pertin osequent reports shall be new interval, a Form 316 n, have been completed, a	ent markers and zones. filed within 30 days 0-4 shall be filed once
Required Information for the Disposal of Produced Water: ARTESIA							
1) Name of formation producing water on lease: Wolfcamp 2) Amount of water produced in barrels per day: 1800 BWPD 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks 4) How water is moved to disposal facility: Trucked							
5) Disposal Facility #1: a) Facility Operator Name: COG Operating LLC b) Name of facility or well name & number: Apple 5 State SWD #1 (SWD-1398) c) Type of facility or well: WDW d) Location by 1/4, 1/4, Section, Township & Range: NWNE, Sec 5-T26S-R28E						ı	
						SEE ATTACHED F	0R
						CONDITIONS OF APPROVAL	

Disposal Facility #2:

Signature

 I hereby certify that the foregoing is true and correct Electronic Submission #330963 verified by the BLM Well Information System
For COG PRODUCTION LLC, sent to the Carlsbad
Committed to AFMSS for processing by LACHELLE NAJERA on 02/08/2016 (16LN0015SE) Name (Printed/Typed) STORMI DAVIS Title **PREPARER** APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE 2910 Title Approved By JAMES A. AMOS Conditions of approval, if any, are attached. Approval of this notice does not warrant or

02/08/2016

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.

(Electronic Submission)

SUPERVISOR-EPS 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.

Additional data for EC transaction #330963 that would not fit on the form

32. Additional remarks, continued

a) Facility Operator Name: COG Operating LLC b) Name of facility or well name & number: West Brushy 8 Federal SWD #1 (SWD-1167) c) Type of facility or well: WDW d) Location by 1/4, 1/4, Section, Township & Range: NENE, Sec 8-T26S-R29E

BUREAU OF LAND MANAGEMENT

Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- 6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- 7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8. Disposal at any other site will require prior approval.
- 9. Subject to like approval by NMOCD.

7/10/14