

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL CONSERVATION
ARTESIA DISTRICT

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.

MAR 14 2016

ENTERED
IN AFMS

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

5. Lease Serial No.
NMNM114969

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other: INJECTION2. Name of Operator
COG OPERATING LLCContact: BRIAN MAIORINO
E-Mail: bmaiorino@concho.com8. Well Name and No.
OWL 20504 JV-P 59. API Well No.
30-015-354353a. Address
ONE CONCHO CENTER 600 W. ILLINOIS AVE
MIDLAND, TX 797013b. Phone No. (include area code)
Ph: 432-221-046710. Field and Pool, or Exploratory
DELEWARE4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 18 T26S R27E NWSE 2310FSL 2130FWL11. 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 type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input checked="" 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 recompleate 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 recompleation 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.)

01/15/16 MIRU plugging equipment.

01/18/16 ND Wellhead, NU BOP.

01/19/16 POH w/ 2 3/8 tbg. Tagged plug @ 3145'. RIH w/ 7" CIBP and set @ 2897'. Circulated hole w/ mud laden fluid. Spot'd 25 sx class C cmt @ 2897-2748'. Spot'd 30 sx class C cmt @ 1996-1818'. WOC.

01/20/16 Tagged plug @ 1817'. Spot'd 30 sx class C cmt w/ 3% CACL @ 1313-1213'. WOC. Tagged plug @ 1173'. Perf'd csg @ 450'. Pressure up on perms @ 800 lbs. Spot'd 45 sx class C cmt @ 450-250'. WOC.

01/21/16 Tagged plug @ 225'. Perf'd csg @ 100'. ND BOP, NU wellhead. Established rate 1.5 BPU @ 200 lbs. Sqz'd 45 sx class C cmt and circulated to surface. Rig down and moved off.

02/01/16 Moved in backhoe and welder. Dug out cellar. Cut off wellhead. Welded on "Above Ground Dry Hole Marker". Backfilled cellar. Removed deadmen. Cleaned location and moved off.

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

Accepted for record

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #330852 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad

Name (Printed/Typed) BRIAN MAIORINO

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 02/04/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By

Title SPT

Date 3-8-16

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 CEO

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 **