UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

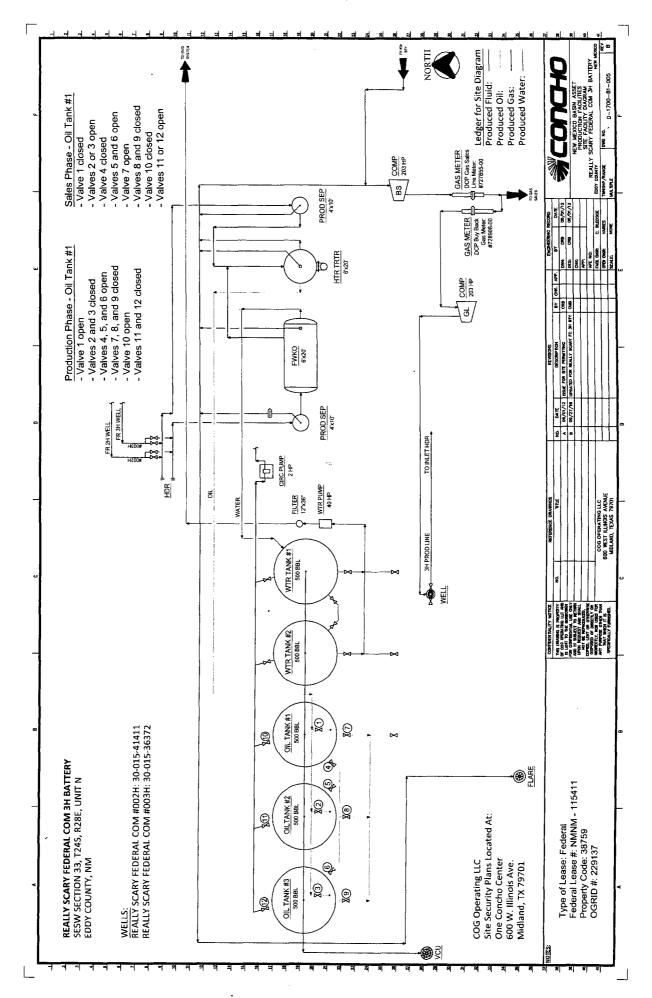
BOICEAU OF EARLD MAINTGEME, 41	
3	
SUNDRY NOTICES AND REPORTS ON WELLS	
not use this form for proposals to drill or to re-enter a	_

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

Lease Serial No.

	NMNM115411
6.	If Indian, Allottee or Tribe Name

Do not use thi							
abandoned we	6. If Indian, A	Allottee or Tribe Name					
SUBMIT IN TRI	7. If Unit or (NMNM1)	CA/Agreement, Name and/or No. 26700					
1. Type of Well ☑ Oil Well ☐ Gas Well ☐ Oth	8. Well Name REALLY	and No. SCARY FEDERAL 3H					
Name of Operator COG OPERATING LLC		9. API Well No. 30-015-36372					
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		hone No. (include area code) 575-748-6940	10. Field and WILLOW	10. Field and Pool, or Exploratory WILLOW LAKE; BONE SPRING			
4. Location of Well (Footage, Sec., T	11. County o	11. County or Parish, and State					
Sec 33 T24S R28E SESW 43 32.166730 N Lat, 104.093480	EDDY C	COUNTY, NM					
12. CHECK APPI	ROPRIATE BOX(ES) TO INDI	ICATE NATURE OF N	OTICE, REPORT, OR	OTHER DATA			
TYPE OF SUBMISSION		TYPE OF	ACTION				
☐ Notice of Intent	☐ Acidize	□ Deepen	☐ Production (Start/Res	sume) Water Shut-Off			
S Call an arrant Parant	☐ Alter Casing	☐ Fracture Treat	☐ Reclamation	■ Well Integrity			
Subsequent Report	☐ Casing Repair	☐ New Construction	☐ Recomplete	Other Site Facility Diagra			
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐ Temporarily Abando	m/Security Plan			
	Convert to Injection	☐ Plug Back	■ Water Disposal				
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.) Attached is an updated Site Facility Diagram. ENTERED 2/3/17 INTO AFMSS Accorded for Record P 35							
		meal Subject to On					
see morord -)	NMOCD Pater	:2/3/17	Steel Revision Control	OTESIA DISTRICT			
Accepted for 14-11	-17			AKI COM,			
Accepted for record - NMOCB Date: 2/3/17 APR 1 0 2017							
				RECEIVED			
14. I hereby certify that the foregoing is true and correct. Electronic Submission #353445 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/04/2016 ()							
Name (Printed/Typed) AMANDA	AVERY	Title AUTHO	RIZED REPRESENTAT	IVE			
Signature (Electronic S	Submission)	Date 10/04/20)16				
	THIS SPACE FOR FE	DERAL OR STATE (OFFICE USE				
Approved By Studien		Title EPS	LIE	3/3/17 Date			
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to condu-	uitable title to those rights in the subject						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent	U.S.C. Section 1212, make it a crime for statements or representations as to any n	or any person knowingly and natter within its jurisdiction.	willfully to make to any depa	rtment or agency of the United			



secret for Record Purposes.