Imposition       UNITED STATES       OMM ATTERS         DEPARTMENT OF THE INTERIOR       OMB NO. 1004-0137         BUREAU OF LAND MANAGEMENT       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.       5. Lease Serial No.         SUBMIT IN TRIPLICATE - Other instructions on page 2       7. If Unit or CA/Agreement, Name and/or No.					`** <sub>0</sub>	27		
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, Albitee or Tribe Name         SUBMIT IN TRIPLICATE - Other instructions on page 2       7. If Unit or CA/Agreement, Name and/or No.         1. Type of Well       8. Well Name and Yo.         GOI Well       Contact: AMANDA AVERY       9. Atl Well Name and Yo.         COCO OPERATING LLC       E-Mail: avery@concho.com       10. Field and Pool or Exploratory Area         2208 W MAIN STREET       3b. Phone Yo. (include area code)       10. Field and Pool or Exploratory Area         Address       2208 W MAIN STREET       3b. Phone Yo. (include area code)       10. Field and Pool or Exploratory Area         Address       2208 W MAIN STREET       3b. Phone Yo. (include area code)       10. Field and Pool or Exploratory Area         Atter Casing       9b. Phone Yo. (include area code)       10. Field and Pool or Exploratory Area         Atter Casing       9b. Phone Yo. (include area code)       10. Field and Pool or Exploratory Area         Sec 24 T2S R29E NENE 230FNL 1040FEL       EDDY COUNTY, NM       11. County or Parish, State         EDDY COUNTY, NM       12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       If Well Informity or Parish, State         B Subsequent Report       Casing Repair       New Construction       Recompleted of Advendon	• BU	PARTMENT OF THE I JREAU OF LAND MANA	NTERIOR GEMENT	0 <sub>CD</sub>	ARTES	FORM A OMB NC Expires: Ja 5. Lease Serial No.	0. 1004-0137	
1. Type of Well       8. Well Name and No.         2011       CRAPSHOOT 13 FEDERAL 1H         2. Name of Operator       Contact: AMANDA AVERY       9. APL Well No.         2. Other of Operator       Contact: AMANDA AVERY       9. APL Well No.         2. Other of Operator       Contact: AMANDA AVERY       9. APL Well No.         2. Other of Operator       Contact: AMANDA AVERY       9. APL Well No.         2. Other of Operator       Contact: AMANDA AVERY       9. APL Well No.         2. Other of Operator       State avery@conth.com       30-015-42233         3a. Address       2208 W MAIN STREET       Pr. 576-748-6040       Ph. 576-748-6040         ARTESIA NM 88210       II. County of Parish, State       EDDY COUNTY, NM         14. Location of Well (Foodage, Sec. T. R. M. or Survey Description)       11. County of Parish, State       EDDY COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       TYPE OF ACTION         I Notice of Intent       Actidize       Deepen       Production (Stat/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Stote Facility Diagram.         13. Describe Proposed or Completed Operation. Clary state all pertitem detais, including estimated stating date of any proposed wits and appr	Do not use thi							
CRAPSHOOT 13 FEDERAL 1H     CRAPSHOOT 15 FEDERAL 1H     CRAPSHOOT 1A FEDERAL 1H     COUNTY of Parish, State     EDDY COUNTY, NM     12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA     TYPE OF SUBMISSION     TYPE OF SUBMISSION     TYPE OF SUBMISSION     TYPE OF ACTION     CASING REPAIR     Activity and Activity and Charles     CASING REPAIR     Activity and Activity and Abandon     Complete APPROVE ADATA     CASING	SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
COG OPERATING LLC     E-Mail: aavery@conch.com     30-015-42323       3a. Address     3b. Phone No. (include area code)     Ph: 575-748-6940     Ph: 575-748-6940       3a. Address     2208 W MAIN STREET ARTESIA, NM 88210     Ph: 575-748-6940     Ph: 575-748-6940       4. Location of Well (Footage, Sec., T. R. M. or Survey Description)     I1. County or Parish, State EDDY COUNTY, NM       Sec 24 T2S R29E NENE 230FNL 1040FEL     EDDY COUNTY, NM       12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION     TYPE OF ACTION       Notice of Intent     Acticize     Deepen       Subsequent Report     Casing Repair     New Construction     Recomplete       Subsequent Report     Charge Plans     Plug and Abandon     Temporarily Abandon       I3. Describe Proposed or Completed Operations: Clarify state all pertinent details, including estimated stating date of any proposed work and approximate duration thereof. If the proposal is to depen directionality, give subarface locations and measured and true vertical depins of all pertinent markers and zones. Attach the Bond under which twoices must be filed only after all requirements, including reclamation, have been completed.     ENTERED       Attach the Bond under which twoices must be filed only after all pertinent details on the work will be performed or provide the Bond No. on the work will be performed or provide the Bond No. on the work will be performed or provide the Bond No. on the work will be performed or provide the Bond No. on the work will be perforand to the sis an antipice	1. Type of Well □ Gas Well □ Other					8. Well Name and No. CRAPSHOOT 13 FEDERAL 1H		
2208 W MAIN STREET ARTESIA, NM 88210       Ph: 575-748-6940       PARKWAY         4. Location of Well ( <i>Pootage, Sec., T. R. M., or Survey Description</i> )       11. County or Parish, State         Sec 24 T2S R29E NENE 230FNL 1040FEL       EDDY COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acidize       Deepen         Subsequent Report       Casing Repair       New Construction         Subsequent Report       Casing Repair       New Construction       Recomplete         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         I3. Describe Proposed or Completed Operation:       If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and use writch all afform 3160-4 must be filed wink 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed wink 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed wink 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed wink 30 days following com	2. Name of Operator Contact: AMANDA AVERY							
Sec 24 T2S R29E NENE 230FNL 1040FEL       EDDY COUNTY, NM         12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Ontice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         Time Convert to Injection       Plug and Abandon       Temporarily Abandon       Stef Facility Diagram         13. Describe Propesed or Completed Operation. Clearly state all perintent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen duration thereof. If the proposal is to deepen date of functionally, give subsequent reports must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or new interval, a Prom 31604-must set filed within 30 days following completion. The work of the site is reported for mesults in a multiple completion or new interval, a Prom 31604 must be filed work will be filed one result in a multiple completion or new interval, a Prom 31604 must be filed works. The operation. Structure and the site is reported for Record Purposes. Approval Subject to Onsite Inspection. District approxem. Approval Subject to Onsite Inspection. District Approval Subject to Onsite Inspection. District Appr 10/2017 (District Appr 10/2017 (District Appr 2017)         14. I hereby certify that the foregoing is the and correct.       Electronic Submission #361949 verified by the BLM Well Information System For COG OPERATING LLC, sent to	2208 W MAIN STREET				)			
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Softer Science       Softer Science         If a Alter Casing       Hydraulic Fracturing       Reclamation       Water Shut-Off         Change Plans       Plug and Abandon       Temporarily Abandon       Softer Science       Softer Science         I3. Describe Proposed or Completed Operation: Clearly state all performent or provide the Bond No. on file with BLMBIA. Required and two vertical depths of all performent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file will NBLABA. Required and two vertical depths of all performent near the site is ready for final inspection.         Please see attached Facility Diagram.       ENTERED       Softer Science         Please see attached Facility Diagram.       Accepted for Record Purposes.       Approval Subject to Onsite Inspection.         Ant the foregoing is true and correct.       Electronic Submission #361949 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carisbad Committed to AFMSS for processing by DEBORAH WCKINNEY on 01/10/2017 ()						11. County or Parish, State		
TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Reclamation       Well Integrity         Final Abandonment Notice       Change Plans       Plug and Abandon       Temporarily Abandon       Well Integrity         13. Describe Proposed or Complete 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 recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond with B ber from tesults in a Bond No. on Bile with BLMBIA. Required subsequent reports must be filed with NO days following completion of the involved operations. If the operation results in a multiple completion or recompleted and the operator has determined that the site is ready for final inspection.         Please see attached Facility Diagram.       ENTERED	Sec 24 T2S R29E NENE 230			EDDY COUNTY	ζ, NM			
Acidize     Acidide     Acidize     Acidide     Acidize     Acidide     A	12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA	
<ul> <li>Notice of Intent</li> <li>Alter Casing</li> <li>Alter Casing Repair</li> <li>Casing Repair</li> <li>Casing Repair</li> <li>Casing Repair</li> <li>Casing Repair</li> <li>Change Plans</li> <li>Convert to Injection</li> <li>Plug and Abandon</li> <li>Temporarily Abandon</li> <li>Temporarily Abandon</li> <li>Subsequent Report</li> <li>Convert to Injection</li> <li>Plug and Abandon</li> <li>Temporarily Abandon</li> <li>Subsequent Report</li> <li>Convert to Injection</li> <li>Plug and Abandon</li> <li>Temporarily Abandon</li> <li>Subsequent Report</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Mathematication</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Mathematication</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Mathematication</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Mathematication</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Report</li> <li>Convert to Injection</li> <li>Plug Back</li> <li>Water Disposal</li> <li>Subsequent Proposed or Completed Operations: If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 must be filed one attention the set is ready for final inspection.</li> <li>Please see attached Facility Diagram.</li> <li>Accepted for Record Purposes.</li> <li>Approval Subject to Onsite Inspection.</li> <li>Date:</li></ul>	TYPE OF SUBMISSION	TYPE OF ACTION						
<ul> <li>Subsequent Report         <ul> <li>Alter Casing</li> <li>Hydraulic Fracturing</li> <li>Reclamation</li> <li>Well Integrity</li> <li>Casing Repair</li> <li>Casing Repair</li> <li>Change Plans</li> <li>Plug and Abandon</li> <li>Temporarily Aband</li></ul></li></ul>	□ Notice of Intent	Acidize	🗖 Dee	pen	Product	ion (Start/Resume)	UWater Shut-Off	
Committee for record - NMOCD  Accepted for Record Purposes.  Approval Subject to Onsite Inspection.  For COG OPERATING LC, sent to the Caribad  Committee to AcfMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG OPERATING LC, sent to the Caribad  Committee to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG PERATING LC, sent to the Caribad  Committee to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG PERATING LC, sent to the Caribad  Committee to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG PERATING LC, sent to the Caribad  Committee to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG PERATING LC, sent to the Caribad  Committee to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()  For COG PERATING LC, sent to the Caribad  Committee to AFMSS for pro	_	Alter Casing	□ Alter Casing □ Hydraulic Fracturing □ I		🗖 Reclam	ation	Well Integrity	
Image Print Abandonment Notice       Image Print Abandon       Image Pri	Subsequent Report	Casing Repair	🗖 New	Construction	🗖 Recomp	olete		
<ul> <li>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 recomplete 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 recompletion in a new interval, a Form 3160-4 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.</li> <li>Please see attached Facility Diagram.</li> </ul> ENTERED	Final Abandonment Notice	Change Plans	🗖 Plug	□ Plug and Abandon □		arily Abandon	Site Facility Diagra m/Security Plan	
If the proposal is to deepen directionally, or recomplete 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 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. Please see attached Facility Diagram. Please see attached Facility Diagram. Accepted for record - NMOCD Accepted for record - NMOCD Accept		Convert to Injection	🗖 Plug	Back 🔲 Water I		Disposal		
Accepted for record - NMOCD Accepted for record - NMOCD ACCEPted for record - NMOCD ACCEPted for record - NMOCD ACCEPted for record - NMOCD Date: 07/03/17 ARTESIA DISTRICT ARTESIA DISTRICT APR 1 0 2017 14. I hereby certify that the foregoing is true and correct. Electronic Submission #361949 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()	If the proposal is to deepen direction: Attach the Bond under which the wo following completion of the involved testing has been completed. Final At determined that the site is ready for f	ally or recomplete horizontally, rk will be performed or provide l operations. If the operation re pandonment Notices must be fi- inal inspection.	, give subsurface e the Bond No. or esults in a multipl	locations and measu file with BLM/BL e completion or rec	ured and true ve A. Required su ompletion in a	ertical depths of all pertin bsequent reports must be new interval, a Form 316 n, have been completed a ENTERE	ent markers and zones. filed within 30 days 0-4 must be filed once and the operator has $D = \frac{3 2 (c_3) (c_2)}{c_3}$	
For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by DEBORAH MCKINNEY on 01/10/2017 ()	Accepted for record -	NMOCD -17	Approva	J Subject to	Qusite In:	APR	k 0 2017	
	14. I hereby certify that the foregoing is	Electronic Submission # For COG (	OPERATING L	.C. sent to the C	arisbad		CEIVED	
	Name (Printed/Typed) AMANDA							

Signature	(Electronic Submission)	Date	12/22/2016	
	THIS SPACE FOR FEDERA	LOR	STATE OFFICE USE	
Approved By	Stucher	Title	EPS.ILE	0 2/0 3/17 Date
certify that the applica	al, if any, are attached. Approval of this notice does not warrant or ant holds legal or equitable title to those rights in the subject lease he applicant to conduct operations thereon.	Office		
	on 1001 and Title 43 U.S.C. Section 1212, make it a crime for any pe titious or fraudulent statements or representations as to any matter w			department or agency of the United

(Instructions on page 2) \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

