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.					`** ₀	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 _{CD}	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							
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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							
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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 **

