

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**SUNDRY NOTICES AND REPORTS ON WELLS**  
*Do not use this form for proposals to drill to enter an abandoned well. Use form 3160-3 (APD) for such proposals.*5. Lease Serial No.  
NMNM115413

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
ADMIRAL FEDERAL COM 2H9. API Well No.  
30-015-4282010. Field and Pool or Exploratory Area  
PURPLE SAGE-WOLFCAMP GAS11. County or Parish, State  
EDDY COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
COG OPERATING LLCContact: MAYTE X REYES  
E-Mail: mreyes1@concho.com3a. Address  
2208 WEST MAIN STREET  
ARTESIA, NM 882103b. Phone No. (include area code)  
Ph: 575-748-69454. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 28 T25S R29E SWSE 190FSL 1980FEL**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| TYPE OF SUBMISSION                                   | TYPE OF ACTION                                |   |  |   |
|--|---|---|--|---|
| <input checked="" 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 type="checkbox"/> Subsequent Report           | <input type="checkbox"/> Alter Casing         | <input type="checkbox"/> Hydraulic Fracturing | <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 checked="" type="checkbox"/> Other |
|  | <input type="checkbox"/> Change Plans         | <input 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 recompleat 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 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.

COG Operating LLC, respectfully requests approval for the following pool change to the original approved APD.

From: WC-015 G-07 S2529280;WOLFCAMP [98183]

To: PURPLE SAGE-WOLFCAMP GAS [98220]

C102 Attached.

OIL CONSERVATION  
ARTESIA DISTRICT

MAY 22 2017

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

Electronic Submission #369230 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Carlsbad

Name (Printed/Typed) MAYTE X REYES

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 03/09/2017

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**Approved By Mustafa Hague

Title

PETROLEUM ENGINEER

Date 5/18/2017

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

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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.

(Instructions on page 2)

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

DISTRICT I  
1625 N. FRENCH DR., BOBBS, NM 88240  
Phone: (505) 393-8181 Fax: (505) 393-9720

DISTRICT II  
811 S. FIRST ST., ARTESIA, NM 88210  
Phone: (505) 748-1283 Fax: (505) 748-9720

DISTRICT III  
1000 RIO BRAZOS RD., AZTEC, NM 87410  
Phone: (505) 334-8178 Fax: (505) 334-8170

DISTRICT IV  
1220 S. ST. FRANCIS DR., SANTA FE, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
MAY 22 2017  
OIL CONSERVATION DIVISION  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

Form C-102

Revised August 1, 2011

Submit one copy to appropriate

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☒ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

|                            |                                      |                                       |
|----------------------------|--------------------------------------|---------------------------------------|
| API Number<br>30-015-42820 | Pool Code<br>98220                   | Pool Name<br>Purple Sage-Wolfcamp Gas |
| Property Code<br>313927    | Property Name<br>ADMIRAL FEDERAL COM | Well Number<br>2H                     |
| OGRID No.<br>229137        | Operator Name<br>COG OPERATING, LLC  | Elevation<br>2987.5                   |

## Surface Location

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| 0             | 28      | 25-S     | 29-E  |         | 190           | SOUTH            | 1980          | EAST           | EDDY   |

## Bottom Hole Location If Different From Surface

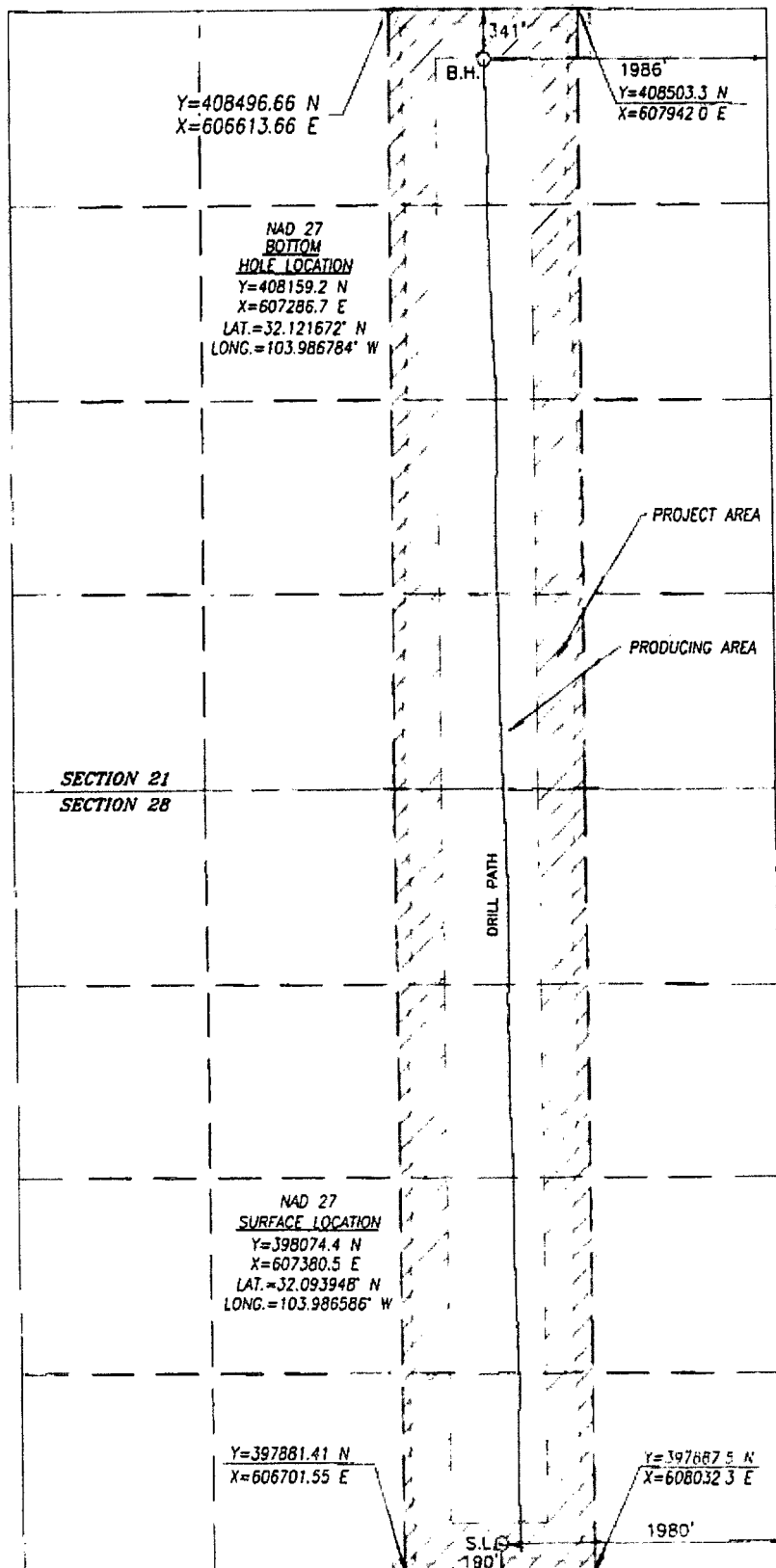
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| B             | 21      | 25-S     | 29-E  |         | 341           | NORTH            | 1986          | EAST           | EDDY   |

| Dedicated Acres | Joint or Infill | Consolidation Code | Order No. |
|-----------------|-----------------|--------------------|-----------|
| 320             |                 |                    |           |

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED  
OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

SEE PAGE 2

|                               |   |                            |
|-------------------------------|---|----------------------------|
| Property Code<br><b>98220</b> | Property Name<br><b>ADMIRAL FEDERAL COM</b> | Well Number<br><b>2H</b>   |
| GRID No.<br><b>229137</b>     | Operator Name<br><b>COG OPERATING, LLC</b>  | Elevation<br><b>2987.5</b> |



BOREPATH SHOWN HEREON IS BASED ON A DIRECTIONAL SURVEY REPORT PROVIDED BY COG OPERATING, LLC FOR THE ADMIRAL FEDERAL COM #2H ON MAY 27, 2016.

1200 0 1200  
SCALE: 1"=1200'

#### OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Mayte Reyes* 3/9/17  
Signature Date

Mayte Reyes

Printed Name

mreyes1@concho.com

E-mail Address

#### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

FEB. 14, 2014/MAY 7, 2016

SURVEY DATE/DATE OF GEOGRAPHIC REPORT

Signature & Seal of Professional Surveyor



*Chad Harcrow* 6/1/16  
Certificate No. CHAD HARCROW 17777