Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

"NMOCD

FORM APPROVED OMB NO. 1004-0137 expires: January 31, 2018

	Expires: January 3	2
5.	Lease Serial No.	
	NMNM114970	

	UTICES AND REPORTS ON WELLS	
Do not use this	form for proposals to drill or to re-sate tes 12	ì
abandoned well.	Use form 3160-3 (APD) for such proposals.	•

					_
1	6 If I	idian A	Hottee or	Tribe Name	•

abandoned wel	6.	6. If Indian, Allottee or Tribe Name				
SUBMIT IN 1	RIPLICATE - Other instruc	tions on page 2	7.	If Unit or CA/Agreeme	nt, Name and/or No.	
Type of Well     ☐ Gas Well ☐ Oth	8.	8. Well Name and No. SCREECH OWL FEDERAL 2H				
Name of Operator     COG OPERATING LLC		9. API Well No. 30-015-42826-00-\$1				
COG OPERATING LLC  3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701  B-Mail: bmaiorino@concho.com  3b. Phone No. (include area code) Ph: 432-221-0467				10. Field and Pool or Exploratory Area BONE SPRINGS WELCH-WOLFCAMP (GAS)		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish, State		
Sec 19 T26S R27E NENW 50 32.034921 N Lat, 104.232308		EDDY COUNTY, NM				
12. CHECK THE AF	PPROPRIATE BOX(ES) TO	INDICATE NATURE O	F NOTICE, RE	PORT, OR OTHE	R DATA	
TYPE OF SUBMISSION		ТҮРЕ ОР	ACTION			
☐ Notice of Intent	☐ Acidize	□ Deepen	☐ Production	(Start/Resume)	☐ Water Shut-Off	
_	☐ Alter Casing	☐ Hydraulic Fracturing	☐ Reclamation	ı <b>[</b>	☐ Well Integrity	
Subsequent Report	□ Casing Repair	■ New Construction	□ Recomplete		Other	
☐ Final Abandonment Notice	□ Change Plans	☐ Plug and Abandon	□ Temporarily	/ Ananuun	Venting and/or Flaring	
	☐ Convert to Injection	□ Plug Back	■ Water Dispersion			
Attach the Bond under which the worfollowing completion of the involved testing has been completed. Final Abdetermined that the site is ready for final Abdeterm	l operations. If the operation results pandonment Notices must be filed or final inspection.  ch Owl Fed 2H from 11/5/16	in a multiple completion or recordly after all requirements, includ	ERVATION TRICT	interval, a Form 3160-4	must be filed once	
14. I hereby certify that the foregoing is	true and correct.	Neckin	D. N. + C.			
_	Electronic Submission #3699 For COG OPER	RATING LIC. sent to the Ca	arishad 1			
Con Name(Printed/Typed) BRIAN MA	nmitted to AFMSS for processin	ng by PRISCILLA PEREZ or Title AUTHO	NIZEOVREPRE	SENTATIVE REC	CORD	
•						
Signature (Electronic S	<u> </u>	Date 03/15/20		1 2017		
	THIS SPACE FOR	FEDERAL OR STATE		<u> </u>	ALMIL	
_Approved By		Title	BUREAU CARI	OP LAND MANAGEN	Date	
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct to cond		<u>/</u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Title 18 U.S.C. Section 1001 and Title 43	U.S.C. Section 1212 make it a crim	e for any person knowingly and	willfully to make t	o any department or age	ncy of the United	

## Additional data for EC transaction #369967 that would not fit on the form

32. Additional remarks, continued

February: 129 mcf