SUNDR Do not use t	UNITED STATES NMOC DEPARTMENT OF THE INTERIOR Artesia BUREAU OF LAND MANAGEMENT Artesia RY NOTICES AND REPORTS ON WELLS this form for proposals to drill or to re-enter an well. Use form 3160-3 (APD) for such proposals.			FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM114349 6. If Indian, Allottee 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 No. JACK FEDERAL 1H		
2. Name of Operator COG OPERATING LLC Contact: CATHY SEELY E-Mail: cseely@concho.com				9. API Well No. 30-015-38643		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-1549			10. Field and Pool or Exploratory Area PURPLE SAGE WOLFCAMP(GAS)		
4. Location of Well <i>(Footage, Sec.</i> Sec 31 T25S R27E NWNW			11. County or Parish, State EDDY COUNTY, NM			
12. CHECK THE	APPROPRIATE BOX(ES)	TO INDICATE NATU	RE OF NOTICE,	REPORT, OR OTI	HER DATA	
TYPE OF SUBMISSION		TYPE OF ACTION				
 Notice of Intent Subsequent Report Final Abandonment Notice 	 Acidize Alter Casing Casing Repair Change Plans Convert to Injection 	 Deepen Hydraulic Fractoria New Construction Plug and Aband Plug Back 	on Crectant	olete arily Abandon	 Water Shut-Off Well Integrity Other Venting and/or Flaring 	
 Describe Proposed or Completed O If the proposal is to deepen directin Attach the Bond under which the v following completion of the involvent testing has been completed. Final determined that the site is ready for ACTUAL GAS FLARED AT NOI SUBMISSION #383591 WELLS: JACK FED 1H: 30-015-3864 	mally or recomplete horizontally, york will be performed or provide ed operations. If the operation res Abandonment Notices must be file r final inspection. THE JACK FED 1H FROM	give subsurface locations and the Bond No. on file with BL sults in a multiple completion ed only after all requirements,	measured and true ve M/BIA. Required sul or recompletion in a r including reclamation	rtical depths of all pertin osequent reports must be new interval, a Form 316	nent markers and zones. e filed within 30 days 50-4 must be filed once	
AUGUST: 0 MCF SEPTEMBER: 36 MCF OCTOBER: 128 MCF		FOR RECOR	REC			
14. I hereby certify that the foregoing Name(Printed/Typed) CATHY	Electronic Submission # For COG 0 Committed to AFMSS for	PERATING LLC, sent to processing by JENNIFER	the Carlsbad/ SANCHEZ on 12/3 NG[NEERNNG] TE	20/2017 ()		
Signature (Electron	c Submission)	Date 2	AUULI 11 /13/2017			
	THIS SPACE FO	OR FEDERAL OR ST	ATE OFFICE U	SE \$ 2018/	h/7	
Approved By Conditions of approval, if any, are attac certify that the applicant holds legal or which would entitle the applicant to con Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudule (Instructions on page 2) ** OPER.	equitable title to those rights in the iduct operations thereon. 43 U.S.C. Section 1212, make it a	crime for any person knowing to any matter within its jurise	th and willfully to ma			