Form 3160-5 (June 2015)

(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD Artesia FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

5. Lease Serial No. NMNM120895

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an

abandoned well. Use form 2160.3 (ARR) for such proposals

6. If Indian. Allottee or Tribe Name

abandoned well. Use form 3160-3 (APD) for such proposals.					o. Il maian, monec	or Tribe Ivanie		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well ☐ Gas Well ☐ Other					8. Well Name and No. CABO WABO 25 FEDERAL COM 3H			
Name of Operator Contact: CATHY SEELY COG OPERATING LLC E-Mail: cseely@concho.com					9. API Well No. 30-015-42507			
3a. Address 2208 W MAIN STREET Ph: 575-74 ARTESIA, NM 88210			. (include area code) 8-1549		10. Field and Pool or Exploratory Area WILLOW LAKE BONE SPRING			
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State			
Sec 25 T25S R29E SWSE 540FSL 1650FEL 32.094943 N Lat, 103.934142 W Lon					EDDY COUNTY, NM			
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE O	F NOTICE,	REPORT, OR OT	THER DATA		
TYPE OF SUBMISSION	PE OF SUBMISSION TYPE OF ACTION							
☐ Notice of Intent	☐ Acidize	☐ Dee	☐ Deepen ☐ Pro		on (Start/Resume)	☐ Water Shi	☐ Water Shut-Off	
	☐ Alter Casing	☐ Hyd	☐ Hydraulic Fracturing		☐ Reclamation		☐ Well Integrity	
☑ Subsequent Report ☐ Casing Repair		□ New	Construction	☐ Recomplete		Other	⊠ Other	
☐ Final Abandonment Notice	☐ Change Plans	Plug	and Abandon	☐ Tempora	arily Abandon	Venting and/or Flari ng		
	Convert to Injection	Plug	Back	■ Water Disposal		8	 6	
13. Describe Proposed or Completed Op If the proposal is to deepen direction. Attach the Bond under which the wo following completion of the involved testing has been completed. Final Al determined that the site is ready for f ACTUAL GAS FLARED AT TI NOI SUBMISSION #383832	ally or recomplete horizontally, it will be performed or provide d operations. If the operation re bandonment Notices must be fil final inspection.	give subsurface the Bond No. or sults in a multipled only after all	locations and measure file with BLM/BIA to completion or recordequirements, including	red and true ve Required sub impletion in a n ing reclamation	rtical depths of all pert sequent reports must b new interval, a Form 31 n, have been completed	inent markers and a be filed within 30 dd 160-4 must be filed I and the operator h	tones. ays once as	
WELLS: CABO WARD 25 FED COM 3H: 30-015-42507 ARTESIA DISTRICT							Gr.	
AUGUST: 1550 MCF					JAN 09 2018			
SEPTEMBER: 0 MCF				. 1	1.4			
OCTOBER: 0 MCF								
14. I hereby certify that the foregoing is	Electronic Submission #	PERATING L	.C. sent to the Ca	risbad	· / /			
Name (Printed/Typed) CATHY S	EELY		Title ENGINE	ERING TE	HEAD DEN	don		
Signature (Electronic S	Submission)	·	Date 12/18/20	CCEPTE	OFOR REC	ard 1		
	THIS SPACE FO	OR FEDERA	L OR STATE	OFFICEUS	3E 3/2018/			
Approved By			Title			Date	17	
Conditions of approval, if any, are attache certify that the applicant holds legal or eq which would entitle the applicant to condi	Office	CARLSE	MADE MANAGEME BAD FIEVO OFFICE					
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to ma	ke to any department o	or agency of the Un	ite	

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