SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to diff or to re-enter an abandoned well. Use form 3180-3 (APD) for such proposals. NMMM128965 SUBMIT IN TRIPLICATE - Other instructions on page 2 7. If Unit or CA/Agreement, Name and/or No GRAFAM MARH FEDERAL COM 7H SWell Case Well Context 8. Well Name and No GRAFAM MARH FEDERAL COM 7H 2. Nume (Operator COCO OPERATING LLC E-Mail: idensing/genetic on GRAFAM MARH FEDERAL COM 7H 9. API Well No 30-015-4381-10-051 9. API Well No 30-015-4381-10-051 3. Address GOU WILLINDIS AVENUE MIDLAND, TX 79701 B. Phone No. (Include une code) Ph: 575-748-8946 10. Iried and Pool of Exploratory Ares HAY HOLLOW 4. Location of Well GOU WILLINDIS AVENUE MIDLAND, TX 79701 B. Phone No. (Include une code) Ph: 575-748-8946 10. Iried and Pool of Exploratory Ares HAY HOLLOW 4. Location of Well GOU WILLINDIS AVENUE MIDLAND, TX 79701 I. County or Parisk, State EDDY COUNTY, NM EDDY COUNTY, NM 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION Production (Star/Resume) I. Weat Shar-Off Other 5 Subsequent Report Articlize Casing Repair New Construction Recomplete Oregonal provide and analysis of the production (Star/Resume) I. Weat Shar-Off Other 13. Decerber Propode at Completed Operation. Starte Subsequent Report Construction Casing Repair I. New Construction	Form 3160-5 Ju 2015)	UNITED STATE DEPARTMENT OF THE I BUREAU OF LAND MANA	NTERIOR	OMB I Expires:	1 APPROVED NO. 1004-0137 January 31, 2018	
Bandone well. Use form 3760-3 (APD) for such proposals. I. Type of Nell SUBMIT IN TRIPLICATE - Other instructions on page 2 T. Type of Nell Gott Vell Gott	SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an					
				6. If Indian, Allottee		
¹ O WellGas Well Gas Well Other ¹ ORGADATING LLC E-Mail: sdavid@concho.com ¹ 320-D15-3311-00-S1 ¹ 330-D15-3311-00-S1 ¹ 30-D15-3311-00-S1 ¹ 30-D15-3311-00-S1 ¹ 30-D15-3311-00-S1 ¹ 30-D15-3311-00-S1 ¹ 4. Houl SN ¹ 30-D15-3311-00-S1 ¹ 4. Houl SN ¹ 30-D15-3311-00-S1 ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 4. Location of Well // <i>Frintiget, Sac., F. R. M., ur. Survey Description</i> ¹ 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA ¹ TYPE OF SUBMISSION ¹ 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA ¹ Subscepanet Report ¹ Gasing Repair ¹ Avid Well // Subscepanet Report ¹ Gasing Repair ¹ New Construction ¹ Real Ashadomment Notce ¹ Casing Repair ¹ New Construction ¹ Real Ashadom Competels Internation (Indicated String Repairing Inte	SUBMIT I	N TRIPLICATE - Other ins	tructions on page 2	7. If Unit or CA/Agr	eement, Name and/or No.	
COG OPERATING LLC E-Mail: sdavle@contho.com 39-015-43811-00-51 3s. Addrex: Ph: 575-748-6946 10. Field and Pool Exploratory Area HAY HOLLOW UNKNOWN 4. Location of Well (Feelage, Sec., T., R., M. or Survey Description) II. Coany or Partial, State Sec 21 T265 R28E SESW 200FSL 1550FVL II. Coany or Partial, 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 In Notice of Intent Addrex: Deepen Production (Start/Resume) Weler Shat-Off Subsequent Report Chaige Plans Deepen Production (Start/Resume) Weler Shat-Off Subsequent Report Chaige Plans Deepen Production (Start/Resume) Weler Shat-Off 13. Deschard Proposed or Completed Operation. Clearly state all periformed to provide the bland Nation on Breading state and provide addres dualation theorem Resumption on the off subsequent subsequent must be addres and provide the bland Nation on Breading states and partial subsequent and periformed or provide the bland Nation on Breading states addres and provide addres and provide addres and provide the bland Nation on Breading states addres and provide addres and provide the bland Nation on Breading States addres and provide the bland Nation on Breading States addres and provide addres a		Other	· · · · ·			
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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 recomplete 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 BLA. Required subsequent reports 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 a ready for final inspection. Required information producing water on lease: Bone Spring 2) Amount of water produced in barrels per day: 3000 BWPD 3) How water is stored on lease: 2. 500 bbl fiberglass tanks 4) How water is moved to disposal facility: Pipeline 5) Disposal Facility #1: a Facility Operator Name: COG Operating LLC by Name of facility or well: WDW c) Location by 1/4, 1/4, Section, Township & Range: SWNW, Sec 21-T25S-R28E Disposal Facility #1: a) Facility Operator Name: COG Operating LLC bisposal Facility #1: a) Facility Operator Name: COG Operating LLC bisposal Facility #1: bisposal Facility #1: bisposal Facility #1: bisposal Facility #2: a) Facility Operator Name: COG Operating LLC bisposal Facility #2: bisposal Facility #4: bisposal Facility #2: bisposal F	□ Final Abandonment Notice		- -	_ , .		
a) Facility Operator Name: COG Operating LLC 14. I hereby certify that the foregoing is true and correct. Electronic Submission #377641 verified by the BLM Well Information System For COG OPERATING L C, sent to the Carlsbad Committed to AFMSS for processing by DEBO RAH MCKINNEY on 06/02/2017 (17DLM1883SE) Name (Printed/Typed) STORMI DAVIS Title PREPARER Signature (Electronic Submission) Date 06/01/2017 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By_ACCEPTED THIS SPACE for federation of this notice does not warrant or erify that the applicant to conduct operations thereon. DEBORAH MCKINNEY Title LEGAL INSTRUMENTS EXAMINER Date 03/14/2 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	 Name of formation produces Amount of water produces How water is stored on let How water is moved to destination Disposal Facility #1: a) Facility Operator Name: b) Name of facility or well n. c) Type of facility or well: W d) Location by 1/4, 1/4, Sec 	cing water on lease: Bone ed in barrels per day: 3000 l asse: 2 - 500 bbl fiberglass isposal facility: Pipeline COG Operating LLC ame & number: MYOX 21 S DW	BWPD tanks SWD #1 (Order SWD-1196-A)	C. O. CONSERV	ANON Ci	
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	ertify that the applicant holds legal or	equitable title to those rights in th	e subject lease	j		

Additional data for EC transaction #377641 that would not fit on the form

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32. Additional remarks, continued

- b) Name of facility or well name & number: SRO SWD #101 (Order SWD-1192) c) Type of facility or well: WDW d) Location by 1/4, 1/4, Section, Township & Range: SWNE, Sec 5-T26S-R28E a) Location by 1/4, 1/4, Section, Township & Range: SWNE, Sec 5-126S-R28E
 b) Sposal Facility #3:
 a) Facility Operator Name: COG Operating LLC
 b) Name of facility or well name & number: SRO SWD #102 (Order SWD-1195-A)
 c) Type of facility or well: WDW
 d) Location by 1/4, 1/4, Section, Township & Range: SWNE, Sec 16-T26S-R28E

- Disposal Facility #4:
- a) Facility Operator Name: COG Operating LLC b) Name of facility or well name & number: SRO SWD #103 (Order SWD-1194)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SWSW, Sec 17-T26S-R28E Disposal Facility #5:
- a) Facility Operator Name: COG Operating LLC
 b) Name of facility or well name & number: SRO SWD #104 (Order SWD-1193)
 c) Type of facility or well: WDW
 d) Location by 1/4, 1/4, Section, Township & Range: SENW, Sec 10-T26S-R28E

BUREAU OF LAND MANAGEMENT Carlsbad Field Office 620 East Greene Street Carlsbad, New Mexico 88220 575-234-5972

Disposal of Produced Water From Federal Wells Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

- 1. This agency shall be notified of any change in your method or location of disposal.
- 2. Compliance with all provisions of Onshore Order No. 7.
- 3. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
- 5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
- 6 This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
- 7 If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
- 8 Disposal at any other site will require prior approval.
- Subject to like approval by NMOCD.

4/4/2017