Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIORS DAD FIELD OF THE BUREAU OF LAND MANAGEMENT

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

| SUNDRY NOTICES AND REPORTS ON WELLS A INCOME. Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals. | | | | | Lease Senal No. NMNM0553777 If Indian, Allottee or Tribe Name | |
|--|--|----------------------|--------------------------------|---------------------------------------|--|--------------------------------|
| SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | | | 7. If Unit or CA/Agreement, Name and/or No. NMNM124947 | |
| I. Type of Well ☑ Oil Well ☐ Gas Well ☐ Other | | | | | 8. Well Name and No. GRAVE DIGGER FEDERAL COM 1H | |
| 2. Name of Operator Contact: SANDY BALLARD COG OPERATING LLC E-Mail: sballard@concho.com | | | | | 9. API Well No. 30-015-37665-00-S1 | |
| 3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701 3b. Phone No Ph: 432-68 | | | (include area code) 6-4373 | · · · · · · · · · · · · · · · · · · · | 10. Field and Pool or Exploratory Area N SEVEN RIVERS-GLOR-YESO | |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 2 T20S R25E NWNW 330FNL 380FWL | | | | | 11. County or Parish, State EDDY COUNTY, NM | |
| 12. CHECK THE AP | PROPRIATE BOX(ES) T | O INDICAT | E NATURE O | F NOTICE, I | REPORT, OR O | THER DATA |
| TYPE OF SUBMISSION TYPE OF ACTION | | | | | | |
| □ Notice of Intent | Notice of Intent | | □ Deepen | | on (Start/Resume) | ☐ Water Shut-Off |
| Subsequent Report | Alter Casing | | Hydraulic Fracturing R | | | ☐ Well Integrity |
| | Casing Repair | □ New Construction | | ☐ Recomplete ☐ Temporarily Abandon | | Other Venting and/or Flari |
| ☐ Final Abandonment Notice | ☐ Change Plans ☐ Convert to Injection | | ☐ Plug and Abandon ☐ Plug Back | | sposal | ng |
| 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/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. Grave Digger Federal Com 1H Grave Digger Federal Com Battery (Permit approval: Electronic Submission (#405261) Actual gas flared for this battery for 3/1/2018 TO 5/30/2018 is as follows: March Total for Battery = 6 MCF April Total for Battery = 13 MCF May Total for Battery = 1056 MCF NUMBER OF WELLS TO FLARE: (2) NIMOCD RECEIVED 14. I hereby certify that the foregoing is true and correct. | | | | | | |
| | Electronic Submission #44 For COG OPI nitted to AFMSS for proces | ERATING L L (| c, sent to the Ca | ırlsbad | • | |
| Name (Printed/Typed) SANDY BALLARD Title SENIOR ADMINISTATIVE ASSISTANT | | | | | | |
| Signature (Electronic Submission) Date 11/28/2018 . | | | | | | |
| | THIS SPACE FOR | RFEDERAI | THE PARTY OF THE | PFFICE US | E | |
| Approved By Conditions of approval, if any, are attached entity that the applicant holds legal or equivalent would entitle the applicant to conductivities. | able title to those rights in the su | | Title | DV 3 0 201 | | Date Date |
| itle 18 U.S.C. Section 1001 and Title 43 U | S.C. Section 1212, make it a cri | ime for any per | | willfully to mak | e to any department | or agency of the United |

Additional data for EC transaction #445379 that would not fit on the form

32. Additional remarks, continued

GRAVE DIGGER FEDERAL COM #1H API #30-015-37665 GRAVE DIGGER FEDERAL COM #5H API #30-015-40412

Reason for flare: UNPLANNED MIDSTREAM CURTAILMENT DUE TO PLANT MAINTENANCE, PIPELINE REPAIRS AND HIGH LINE PRESSURE