

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

SUNDRY NOTICES AND REPORTS ON WELLS
Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.

Serial No.
NMLC065928A

Carlsbad Field Office
OCD Artesia

SUBMIT IN TRIPLICATE - Other instructions on page 2		6. If Indian, Allottee or Tribe Name
1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		7. If Unit or CA/Agreement, Name and/or No.
2. Name of Operator COG OPERATING LLC Contact: BOBBIE GOODLOE E-Mail: bgoodloe@concho.com		8. Well Name and No. LITTLEFIELD 33 FEDERAL COM 705H
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6952	9. API Well No. 30-015-45162-00-X1
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 33 T26S R29E 300FSL 2436FWL 32.000927 N Lat, 103.990288 W Lon		10. Field and Pool or Exploratory Area WILDCAT Purple Sage Wellcamp
		11. County or Parish, 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			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Hydraulic Fracturing	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other Drilling Operations
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

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/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.

10/30/18 Spud well. TD 14 3/4" surface hole @ 588'. Set 10 3/4" 45.5# HCL-80 BTC csg @ 588'. Cmt w/500 sx lead. Tailed in w/250 sx. Circ 202 sx to surface. WOC 8 hrs. Test BOP. Test csg to 1500# for 30 minutes.

**NM OIL CONSERVATION
ARTESIA DISTRICT**

11/6/18 TD 13 1/2" intermediate hole @ 9380'. Set 7 5/8" 29.7# L-80EHC BTC csg @ 9379'. DVT set @ 2722'. Cmt 1st stage w/650 sx lead. Tailed in w/300 sx. Did not circ cmt. Cmt 2nd stage w/1600 sx lead. Tailed in w/150 sx. Circ 71 sx to surface. WOC 10 hrs. Test BOP. Suspend Operations.

FEB 08 2019

12/13/18 Resume operations. Test BOP, test csg to 1500# for 30 minutes.

RECEIVED

1/4/19 TD 6 3/4" lateral @ 17079' (KOP @ 9480'). Set 5" 18# P110 RY CDC-HTQ and 5 1/2" 23# P-110RY CC CDC HTQ csg @ 17065'. Cmt w/550 sx lead. Tailed in w/1000 sx. Did not circ cmt.

**Accepted For Record
NMOCD**

Handwritten signature and date
2-12-19

14. I hereby certify that the foregoing is true and correct. Electronic Submission #449921 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMS for processing by PRISCILLA PEREZ on 01/11/2019 (19PP0728SE)	
Name (Printed/Typed) BOBBIE GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/09/2019

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date FEB 01 2019
Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.		/s/ Jonathon Shepar
		Office _____

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 States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

ENTERED
Handwritten date
2-12-19

Additional data for EC transaction #449921 that would not fit on the form

32. Additional remarks, continued

1/6/18 Rig Released