Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Arțesia

FORM APPROVED OMB NO. 1004-0137

Expires: Januar	r
Lease Serial No.	
NMNM112907	

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.

6. If Indian, Allottee or Tribe Name

	7 If Unit or CA/Agree	ement Name and/or No						
SUBMIT IN T	7. If Unit or CA/Agreement, Name and/or No.							
Type of Well Gas Well □ Oth	8. Well Name and No. ROADRUNNER FEDERAL COM 23H							
2. Name of Operator	9. API Well No.							
COG OPERATING LLC	30-015-45184-00-X1							
3a. Address 600 W ILLINOIS AVENUE MIDLAND, TX 79701		10. Field and Pool or Exploratory Area PURPLE SAGE-WOLFCAMP (GAS)						
4. Location of Well (Footage, Sec., T	11. County or Parish, State							
Sec 36 T25S R26E SESW 21 32 079601 N Lat, 104 248138	EDDY COUNTY, NM							
12. CHECK THE AI	PPROPRIATE BOX(ES)	TO INDICA	ΓE NATURE O	F NOTICE,	REPORT, OR OTH	IER DATA		
TYPE OF SUBMISSION								
☐ Notice of Intent	☐ Acidize	Acidize Dee		epen Product		☐ Water Shut-Off		
	Alter Casing	☐ Hyd	raulic Fracturing	☐ Reclamation		■ Well Integrity		
Subsequent Report	Casing Repair	□ New	Construction	□ Recomp	olete	Other		
☐ Final Abandonment Notice	□ Change Plans	Plug	and Abandon	□ Tempor	porarily Abandon			
	☐ Convert to Injection ☐ Plug Back		Back	Water □	r Disposal			
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. Required information for disposal water: 1) Name of formation producing water on lease: Wolfcamp 2) Amount of water producing in barrels per day: 500 bwpd 3) How water is stored on lease: 2-500 BBL Fiberglass tank 4) How water is moved to disposal: Piped to nearest SWD System. 5) Disposal Facility #1 a) Facility Operator Name: COG Operating LLC b) Name of facility or well: and a number: Cottonwood 36 State SWD #1 (SWD-1226-A) APR 0 1 2019 c) Type of facility or well: WDW d) Location by 1/4,1/4, Sec, T & R: NESW, Sec 36-T25S-R36E DISTRICT II-ARTESIA O.C.D.								
14. I hereby certify that the foregoing is true and correct. Electronic Submission #457050 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Carlsbad Committed to AFMSS for processing by PRISCILLA PEREZ on 03/12/2019 (19PP1352SE)								
Name (Printed/Typed) AMANDA	AVERY		Title AUTHC	BEFORE	HEGENTRECTOR	ח		
Signature (Electronic	Submission)		Date 03/06/2	019	4 . 0040			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved By Conditions of approval, if any, are attached			Title E	UREAU OF L	Adm IASE AND MANAGEMENT D FIELD OFFICE	Date		
certify that the applicant holds legal or eq which would entitle the applicant to cond		· 						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent					ake to any department or	agency of the United		

Additional data for EC transaction #457050 that would not fit on the form $\hat{\varphi}$

32. Additional remarks, continued

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.