Form 3160-5 April 2004)

(Instructions on page 2)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

NMOCD

FORM APPROVED OM B No. 1004-0137 Expires: March 31, 2007

	SUREAU OF LAND MA	•	Artesia	5. Lease Serial No. NMLC029418A	
SUNDRY NOTICES AND REPORTS ON WELLS Do not use this form for proposals to drill or to re-enter an				6. If Indian, Allottee or Tribe Name	
	ell. Use Form 3160 - 3			V. It indian, wholee of a	Tibe Name
SUBMIT IN TRIPLICATE- Other instructions on reverse side.				7. If Unit or CA/Agreement, Name and/or No. 892000276R 7 1 5 3 0 C 8. Well Name and No. SKELLY UNIT 961	
1. Type of Well Gas Well Other					
2. Name of Operator COG Op	perating LLC			9. API Well No.	· · · · · · · · · · · · · · · · · · ·
3a. Address One Concho Center 600 W. Illinois Ave., Midland, TX 79701		3b. Phone No. (include area code) 432-683-7443		30-015-34324 10. Field and Pool, or Exploratory Area	
4. Location of Well (Footage, Sec., 7			FREN		
N, 14, 17S, 31E, 1650 FSL & 2310	FWL			11. County or Parish, St	ate
				EDDY, NM	
12. CHECK AF	PROPRIATE BOX(ES) T	O INDICATE NATURI	E OF NOTICE, I	REPORT, OR OTHER I	DATA
TYPE OF SUBMISSION		TYP	E OF ACTION	• •	
☐ Notice of Intent	☐ Acidize ☐ Alter Casing	Deepen Fracture Treat	Production (S	Start/Resume) Water Shut-Off Well Integrity	
■ Subsequent Report	Casing Repair	New Construction	Recomplete	:Other	<u> </u>
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Abandon	☐Temporarily A		nge of Operator
	Convert to Injection	Plug Back	☐Water Disposa	ai .	
•				•	
his is notification of Change	of Operator on the abo	ove referenced well.			
OG Operating LLC, as new o	perator, accepts all app	olicable stipulations a	nd restrictions	concerning operations	conducted on this
ond Coverage: BLM Bond N	,	MB000215			RECEIVED
hange of Operator Effective	: 02/08/2018	S	EE ATTA	CHED FOR	JUN 2.5 2019
ormer Operator: Chevron U	SA .		CONDITIO	NS OF APPRI	OVATCIAO.C
				D	OVATIL-ARTESIAO.C
14. I hereby certify that the fore	going is voue and correct	-/			
Name (Pfinted/Typed) Clay Baternan		Title Vice P	resident of Ne	w Mexico	
Signature	Her	Date	2/5/	APPROVED	
	THIS SPACE FOR	HEDERAL OR S	TATE OFFICI	E USELIN 1 9 2040	
Approved by		M			
Approved by Conditions of approval, if any, are a		boes not warrant or	itle BURI	Date Date	To array
certify that the applicant holds legal which would entitle the applicant to	of equitable title to those rights	W. J J	ffice I	ROSWELL FIELD OFF	ICE
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudule	3 U.S.C. Section 1212, make it statements or representation	a crime for any person kno s as to any matter within its	wingly and willfully jurisdiction.	to make to any department of	r agency of the United

Change of Operator Conditions of Approval

- 1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
- 2. Submit for approval of water disposal method.
- 3. Submit updated facility diagrams.
- 4. This agency shall be notified of any spill or discharge as required by NTL-3A.
- 5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
- 6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
- 7. Subject to like approval by NMOCD.
- 8. All Reporting to ONRR (OGOR Reports) must be brought current within 30 days of this approval including any past history.
- 9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
- 10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
- 11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.

JAM 061319