OCD Artesia

Form 3160-5 (August 2007)

UNITED STATES DEPARTMENT OF THE INTERIOR **BUREAU OF LAND MANAGEMENT**

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

5. Lease Serial No. NMNM 115417

SUNDRY NOTICES AND REPORTS ON WELLS				6. If Indian, Allottee or Tribe Name		
	form for proposals t Use Form 3160-3 (A					
SUBMIT IN TRIPLICATE - Other instructions on page 2.				7. If Unit of CA/Agreement, Name and/or No.		
1. Type of Well ✓ Oil Well Gas Well Other				8. Well Name and No.		
2. Name of Operator COG Production, LLC				Big Papi Federal COM 2H		
GOG Production, LLC 3a. Address 3b. Phone No. (include area code)				9. API Well No. 30-015-37833		
600 W Illinois Ave. (432) 683-7443				10. Field and Pool or Exploratory Area		
4. Location of Well (Footage, Sec., T.,R.,M., or Survey Description) Unit Letter C. Section 4. T26E, R29E				11. Country or Parish, State Eddy County		
12. CHEC	CK THE APPROPRIATE BO	X(ES) TO INDICATE NAT	URE OF NOTIC	CE, REPORT OR OTH	ER DATA	
TYPE OF SUBMISSION			TYPE OF ACT	ION		
✓ Notice of Intent	Acidize Alter Casing Casing Repair	Deepen Fracture Treat New Construction	Rech	uction (Start/Resume) amation mplete	Water Shut-Off Well Integrity ✓ Other	
Subsequent Report	Change Plans	Plug and Abandon	=	orarily Abandon	✓ Other Remediation	
Final Abandonment Notice	Convert to Injection	Plug Back		r Disposal		
The release occurred from a fibergla produced water into a ravine. None is approximately 1 mile from the rive COG Proposed to excavated the an vacuum trucks to perform the washi release point. Once completed, a re	of the fluids were recovered. ean ear the souce area. In any one the be	ed. The fluids migrated ap addition, there are couple est access to capture the f	proximately 1,0	000 feet into the raving a ravine (Drops 1 and	e and the end point of the release 2) where we may be access with	
	GC	8/22/19 1 for record - NIMOC	ID)	ARTE	CONSERVATION ESIA DISTRICT G 2 1 2019	
	Accepted	i for record - Amico	Ų.	AU	U Z I 2013	
				R	RECEIVED	
14. I hereby certify that the foregoing is to	ue and correct. Name (Printed	I/Typed)		, 0		
IKE lyggine	7	Title JE	nu k	Sk Jym		
Signature ///	2	Date	-6-1	5		
	THIS SPACE	FOR FEDERAL OR	STATE OFF	ICE USE	-	
Approved by	a. Comos	Title	SAFT		Pate 8.6-19	
Conditions of approval, if any, are attached that the applicant holds legal or equitable to entitle the applicant to conduct operations to	tle to those rights in the subject	not warrant or certify	NO			

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,

(Instructions on page 2)

fictitions or fraudulent statements or representations as to any matter within its jurisdiction.

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Untitled Map

SPILL ARE