

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

Carlsbad Field Office
Operator Copy

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.

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM121474
2. Name of Operator COG PRODUCTION LLC Contact: ROBYN RUSSELL E-Mail: rrussell@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 432-685-4385	7. If Unit or CA/Agreement, Name and/or No. NMNM126824
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T26S R29E Lot 7 480FSL 480FEL		8. Well Name and No. COPPERHEAD 31 FED COM 1H
		9. API Well No. 30-015-38532-00-S1
		10. Field and Pool or Exploratory Area DELAWARE RIVER-BONE SPRING
		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 checked="" 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 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A PD
	<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 recompleat 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 recompleat 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.

COG Production LLC respectfully requests to change the dedicated acres for this well:

FROM: 225.60 acres
TO: 185.60

Attached is a revised C102.

RECEIVED

FEB 14 2020

EMNRD-OCD ARTESIA

All previous Conditions of Approval still apply. DR

14. I hereby certify that the foregoing is true and correct.

Electronic Submission #498540 verified by the BLM Well Information System

For COG PRODUCTION LLC, sent to the Carlsbad

Committed to AFMSS for processing by PRISCILLA PEREZ on 01/13/2020 (20PP0837SE)

Name (Printed/Typed)	ROBYN RUSSELL	Title	SR REGULATORY ANALYST
Signature	(Electronic Submission)	Date	01/09/2020

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>DYLAN ROSSMANGO</u>	Title <u>PETROLEUM ENGINEER</u>	Date <u>01/24/2020</u>
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.		
Office <u>Carlsbad</u>		

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 ****

RW 2-17-20

State of New Mexico
Energy, Minerals & Natural Resources Department
OIL CONSERVATION DIVISION
1220 South St. Francis Dr.
Santa Fe, NM 87505

Form C-102
Revised August 1, 2011
Submit one copy to appropriate
District Office
☒ AMENDED REPORT

WELL LOCATION AND ACREAGE DEDICATION PLAT

¹ API Number 30-015-38532	² Pool Code 16800	³ Pool Name Delaware River; Bone Spring
⁴ Property Code 38529	⁵ Property Name Copperhead 31 Federal Com	⁶ Well Number 1H
⁷ OGRID No. 217955	⁸ Operator Name COG Production LLC	⁹ Elevation 2895'

¹⁰ Surface Location

U/L or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H ✓	31	26S	29E	7	480	South	480	East	Eddy

" Bottom Hole Location If Different From Surface

U/L or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
H	30	26S	29E		2037	North	350	East	Eddy

¹² Dedicated Acres 185.60	¹³ Joint or Infill	¹⁴ Consolidation Code	¹⁵ Order No.	
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No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

Lot 1			
Lot 2			2037' 350'
Lot 3	30		
Lot 4			
Lot 1			
40 acres Lot 2	31 Lot 3	26.27 acres Lot 6	25.6 acres Lot 7
23.89 acres	23.75 acres		480' 480'

¹⁷ OPERATOR CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the Division.

Signature _____ Date **01/09/2020**

Robyn M. Russell

Printed Name

Russell@concho.com

E-mail Address

¹⁸ SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

Date of Survey _____

Signature and Seal of Professional Surveyor: _____

Certificate Number _____

Records Cleanup.
RUF 2-17-20

COG OPERATING LLC
RECEIVED
JAN 27 2020
ARTESIA WEST