| | , E | EPARTMENT OF THE I BUREAU OF LAND MANA | | ECENED CO | | NO. 1004-0137 January 31, 2018 | |
|---------------------------------|---|--|---|--|--|--|--|
| | SUNDRY NOTICES AND REPORTS ON WELLIAR 0 3 2020 Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such arrest CDARTE | | | NMNM055629 | NMNM0556290 | | |
| | abandoned we | ell. Use form 3160-3 (AP | D) for such and | D=OCDAR | ESIGN ^I Indian, Allottee | or Tribe Name | |
| ι. | SUBMIT IN TRIPLICATE - Other instructions on page 2 | | | 7. If Unit of CA/Agre | eement, Name and/or No | | |
| 1 | 1. Type of Well □ Gas Well □ Other | | | | 8. Well Name and No. CANTER FEDERAL 2 | | |
| 2 | 2. Name of Operator COG OPERATING LLC E-Mail: dflores2@concho.com | | | S | 9. API Well No. | | |
| 3 | 3a. Address | concho.com 3b. Phone No. (incl | ude area code) | 30-015-10267 10. Field and Pool or Exploratory Area | | | |
| | 2208 W MAIN ARTESIA, NM 88210 | | Ph: 575-748-69 | | E BURTON FL | ATS | |
| 4 | 4. Location of Well (Footage, Sec., 7 | |) | | -11. County or Parish, | State | |
| | Sec 10 ⁱ T20S R29E Mer NMP | NENE 990FNL 990FEL | | | EDDY COUNT | Y, NM | |
| | 12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA | | | | | | |
| | TYPE OF SUBMISSION TYPE OF ACT | | | | | HER DATA | |
| | | ☐ Acidize | 🗖 Deepen | | | | |
| | □ Notice of Intent | Alter Casing | Deepen | | clamation | Water Shut-Off Well Integrity | |
| | Subsequent Report | 🗖 Casing Repair | 🗖 New Con | | çomplete | Other | |
| | Final Abandonment Notice | 🗖 Change Plans | Plug and | Abandon 🗖 Ter | mporarily Abandon | | |
| | - | Convert to Injection | 🗖 Plug Bacl | Water Disposal Water Disposed work and approximate duration thereof. | | | |
| | Location has been plugged an | | | | | | |
| | | | 14/20 NIMOCE | | RECEIVED | | |
| | | MAR 0 3 2020 | | | | | |
| | | G ccepted for | Acces . | | | | |
| | | (e | | EM | VRD-OCDART | esia | |
| | | · | | | | | |
| | 4. I hereby certify that the foregoing is | true and correct. | | | | | |
| 14 | | Electronic Submission #5 For COG OF | PERATING LLC, se | ne BLM Well Information ant to the Carlsbad | ation System | | |
| 14 | | | • | | | | |
| 14 | Name (Printed/Typed) DELILAH F | | Title | REGULATORY | TECHNICIAN | · | |
| 14 | Name (Printed/Typed) DELILAH F Signature (Electronic St | FLORES | Title | | TECHNICIAN | <u></u> | |
| | | FLORES | Date | 02/12/2020 | | | |
| A | Signature (Electronic Si centred for Reco | ELORES | Date | 02/12/2020 | | 2-19.7 | |
| Conc | Signature (Electronic Si <u>centred for Reco</u> <u>porved By</u> <u>former</u> ditions of approved if any, are attached | LORES ubmission) THIS SPACE FOR Approval of this patient does no | Date | 02/12/2020 | | Z-19-2 Date | |
| Conc certi | Signature (Electronic Si centred for Reco | LORES ubmission) THIS SPACE FOR Approval of this notice does not table title to those rights in the set of the set of the set o | Date | 02/12/2020 R STATE OFFICE | | Z-19-2 Date | |
| Conc certi whice Title | Signature (Electronic Si <u>current for Reco</u> <u>proved By</u> ditions of pproved, if any, are attached ify that the applicant holds legal or com | THIS SPACE FOR Approval of this notice does not table title to those rights in the set operations thereon. | Date R FEDERAL OF Title Title Offi C C C C C C C C C C C C C | 02/12/2020 R STATE OFFICE STATE OFFICE | USE | Z-J9-Z Date | |

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