Form 3160-5 (August 2007)	OCD Artesia		FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No.				
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.					NMNM14778 6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on reverse side.					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well □ Gas Well □ Other					8. Well Name and No. BLACKBART 15 FEDERAL COM 2H		
2. Name of Operator Contact: AMY LAVERY COG PRODUCTION LLC E-Mail: aavery@concho.com					9. API Well No. 30-015-40797-00-S1		
3a. Address 2208 W MAIN STREE ARTESIA, NM 88210	include area code) 10. Field and Pool, or Exploratory 6962 WILLOW LAKE						
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, and State		
Sec 15 T25S R29E SWSE 190FSL 1800FEL					EDDY COUNTY, NM		
12. CHECI	X APPROPRIATE BOX(ES) TO	O INDICATE	NATURE OF 1	NOTICE, R	LEPORT, OR OTHE	R DATA	
TYPE OF SUBMISSIC	N	TYPE OF ACTION					
□ Notice of Intent	□ Acidize	🗖 Deej	ben	Product	ion (Start/Resume)	□ Water Shut-Off	
Subsequent Report	Alter Casing		ture Treat	-	Reclamation		tegrity
					Recomplete Other		
Final Abandonment N				and Abandon 🗖 Tempor Back 🗍 Water D		rarily Abandon Disposal	
If the proposal is to deepen Attach the Bond under whic following completion of the	leted Operation (clearly state all pertine directionally or recomplete horizontally, h the work will be performed or provide involved operations. If the operation re Final Abandonment Notices shall be fil ady for final inspection.)	, give subsurface the Bond No. or sults in a multipl	locations and meas file with BLM/BL e completion or rec	ured and true ve A. Required su ompletion in a	ertical depths of all pertir bsequent reports shall be new interval, a Form 316	nent markers and filed within 30 50-4 shall be file	d zones. days ed once
Reclamation has been	completed as per approved vari	iance on 03/14	1/2013 .	_			
				RECEIVED			
				JUN 1 2 2013		1	
	NMOCD ARTES						
	Accepted for reconnection MMDCD ADDUDE 6/20/2	10/3					
14. I hereby certify that the for	egoing is true and correct. Electronic Submission #	204924 verifie RODUCTION L	LC, sent to the	Carlsbad			
Name (Printed/Typed) AM	Title REGU	LATORY TE	CHNICIAN				
Signature (Electronic Submission) Date 04/22/2							
			L OR STATE	OFFICE U	SE		_ <u></u>
Approved By ACCEPTED			JAMES A TitleSUPERV			Date (06/09/2013
Conditions of approval, if any, a certify that the applicant holds le which would entitle the applican	Office Carlsba	ad					
	Title 43 U.S.C. Section 1212, make it a audulent statements or representations a				ake to any department of	r agency of the	United
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