

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

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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 reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM057239
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 36 T19S R31E Mer NMP NWSE 1650FSL 2210FEL		8. Well Name and No. LIZARD POT FEDERAL 5H
		9. API Well No. 30-015-42455
		10. Field and Pool, or Exploratory WC WILLIAMS SINK ; BS
		11. County or Parish, and State EDDY COUNTY, NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<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	<i>DRS OPERATIONS</i>
	<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 recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/30/14 MIRU. Test 9 5/8" x 5 1/2" annulus to 1500# for 15 mins. Good test. Set CBP @ 15562'. Test csg to 8500#. Good test. Perforate 15512-15522' (60). Perform injection test.

1/12/15 to 1/16/15 Perforate 11091-15462' (576). Acdz w/97557 gal 7 1/2% acid. Frac w/7245945# & 6025207 gal fluid.

1/24/15 to 1/28/15 Drilled out frac plugs & clean down to CBP @ 15562'.

1/29/15 to 1/30/15 Set 2 7/8" 6.5# L-80 tbg @ 8860' & placed well on pump.

1/31/15 Began flowing back & testing.

**NM OIL CONSERVATION**  
ARTESIA DISTRICT  
JUN 25 2015  
RECEIVED

*SD 7/23/15*  
**ACCEPTED FOR RECORD**  
**NMOCD**

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

**Electronic Submission #292535 verified by the BLM Well Information System**  
**For COG OPERATING LLC, sent to the Carlsbad**  
**Committed to AFMSS for processing by DEBORAH HAM on 06/12/2015**

Name (Printed/Typed) STORMI DAVIS	Title PREPARER	<b>ACCEPTED FOR RECORD</b> JUN 17 2015 <i>D. Ham</i> BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
Signature (Electronic Submission)	Date 02/20/2015	
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>		
Approved By _____	Title _____	
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 _____

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.

**Additional data for EC transaction #292535 that would not fit on the form**

**32. Additional remarks, continued**

2/2/15 Date of first production.