

# NMOCD Artesia

Form 3160-5  
(June 2015)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.*

5. Lease Serial No. **NMNM110829**

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator **COG OPERATING LLC**

3a. Address **600 W ILLINOIS AVE  
MIDLAND TX 79701**

3b. Phone No. (include area code)  
**(575) 748-6940**

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
**150' FNL & 1279' FWL, SECTION 20 T24S R28E**

7. If Unit of CA/Agreement, Name and/or No.

8. Well Name and No. **BROWNING FEDERAL COM #2H**

9. API Well No. **30-015-42441**

10. Field and Pool or Exploratory Area  
**WILLOW LAKE; BONE SPRING**

11. Country 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 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"/> 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       |   |
|   | <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 must 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 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.)

**CHANGE OF OPERATOR**

As required by 43 CFR 3100.0-5(a) and 43 CFR 3162.3, we are notifying you of a change in operator on the above referenced well.

COG Operating LLC, as the new operator, accepts all applicable terms, conditions, stipulations, and restrictions concerning operations conducted on the lease or portion of the lease described.

COG Operating LLC meets federal bonding requirements as follows (43 CFR 3104):  
 Bond Coverage: Individually Bonded  
 BLM Bond File No. NMB000740 & NMB000215

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

**NM OIL CONSERVATION  
ARTESIA DISTRICT  
OCT 05 2015**

Copied for record  
NMOCD

*APD*      *10/7/15*

**RECEIVED**

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
**Melanie J. Wilson**

Lead Regulatory Analyst  
 Title

Signature *Melanie J. Wilson*      Date

**THE SPACE FOR FEDERAL OR STATE OFFICE USE**

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 \_\_\_\_\_

**APPROVED**

09/01/2015

**SEP 30 2015**

Date

BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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.

(Instructions on page 2)

**Browning Federal Com 2H  
30-015-42441  
COG Operating, LLC  
September 30, 2015  
Conditions of Approval**

1. Tank battery must be bermed/diked (must be able to contain 1 1/2 times the volume of the largest tank).
2. Submit for approval of water disposal method.
3. Submit updated facility diagrams as per Onshore Order #3
4. This agency shall be notified of any spill or discharge as required by NTL-3A.
5. All outstanding environmental issue must be addressed within 90 days. Contact Jim Amos for inspection and to resolve environmental issues. 575-234-5909
6. Install legible well sign on location with operator name, well name and number, lease number, unit number, 1/4 1/4, section, township, and range. NMOCD requires the API number on well signs.
7. Subject to like approval by NMOCD.
8. All Reporting to ONRR ( OGOR Reports) must be brought current within 30 days of this approval including any past history.
9. If this well is incapable of producing in paying quantities submit NOI to plug and abandon this well or obtain approval to do otherwise within 90 days.
10. Submit plan for approval of well operations for all TA/SI wells within 30 days of this approval to change operator.
11. If not in place acquire operating rights on this lease within 30 days with BLM office in Santa Fe, NM.

**JAM 093015**