

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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.

5. Lease Serial No.
NMNM92757

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
 Oil Well Gas Well Other

8. Well Name and No.
PARDUE 29 FEDERAL COM 7H

2. Name of Operator
COG OPERATING LLC
Contact: MAYTE X REYES
E-Mail: mreyes1@concho.com

9. API Well No.
30-015-42423-00-X1

3a. Address
600 W ILLINOIS AVENUE
MIDLAND, TX 79701

3b. Phone No. (include area code)
Ph: 575.748.6945

10. Field and Pool, or Exploratory
WILLOW LAKE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 29 T24S R28E NWNE 45FNL 1580FEL
32.195665 N Lat, 104.105795 W Lon

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 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"/> 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 Change to Original A PD |
| | <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 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.)

COG Operating LLC, respectfully requests approval for a 2 year extension to the above referenced APD.

NM OIL CONSERVATION
ARTESIA DISTRICT

MAY 16 2016

Accepted for record
NMOCD

APPROVED FOR 24 MONTH PERIOD
ENDING 6/4/2018

RECEIVED

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

Electronic Submission #338985 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by PRISCILLA PEREZ on 05/12/2016 (16PP1138SE)

Name (Printed/Typed) MAYTE X REYES Title REGULATORY ANALYST

Signature (Electronic Submission) Date 05/11/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By *J.D. Whitlock* Title *LPET* Date *5/12/16*

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 *(FO)*

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.

APD EXTENSION CHECKLIST

Date Routed for Review: 5/12/16

Operator: COG OPERATING LLC

Well Name and No.: Pardue 29 Federal Com 7H

Well Location: T24S R28E Sec 29 NWNE

Please review and provide comments if appropriate. Signature signifies concurrence with the conditions of approval attached to the APD when it was originally approved.

| | <u>Reviewer Surname</u> | <u>Date</u> |
|------------------------------|-------------------------|--------------------|
| Realty Specialist | _____ | _____ |
| LAST) Natural Resource Spec. | _____ | _____ |
| Soil Conservationist | _____ | _____ |
| Range Conservationist | _____ | _____ |
| Wildlife Biologist | <u>(TP)</u> | <u>12 May 2016</u> |
| Archeologist | _____ | _____ |
| Outdoor Recreation Planner | _____ | _____ |
| Mining Engineer | _____ | _____ |
| Petroleum Engineer | _____ | _____ |

When Routing Complete, Please Return to: 1. Natural Resource Spec.

2. _____

APD APPROVED: 6.4/2014