

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.

5. Lease Serial No.  
NMNM110829

6. If Indian, Allottee or Tribe Name

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

**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		8. Well Name and No. BROWNING FEDERAL COM 5H
2. Name of Operator COG OPERATING LLC Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		9. API Well No. 30-015-42442-00-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 20 T24S R28E NENE 110FNL 1277FEL 32.210133 N Lat, 104.104918 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 6/11/2018

RECEIVED

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

Electronic Submission #339002 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 (16PP1143SE)

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 <i>J. D. Whitlock</i>	Title LPE7	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 CFO

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.: Browning Federal Com 5H

Well Location: T24S R28E SEC 20 NENE

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>FA</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: 6/11/2014