

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
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.
NMLC068722

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
 Oil Well Gas Well Other

8. Well Name and No.
Multiple--See Attached

2. Name of Operator
COG OPERATING LLC
Contact: JENNIFER JOHNS
E-Mail: jjohns@concho.com

9. API Well No.
Multiple--See Attached

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

3b. Phone No. (include area code)
Ph: 432-686-3004

10. Field and Pool, or Exploratory
DODD - GLORIETA-UPPER YESO

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Multiple--See Attached

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 Venting and/or Flaring
	<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.)

Actual gas flared for this battery for 10/29/14 to 1/27/15 is as follows:

(Permit approval: Electronic Submission # 274915)

Oct
Total for Battery = 0 mcf

Nov
Total for Battery = 0 mcf

Dec
Total for Battery = 0 mcf

JRD 11/6/15
**Accepted for record
NMOCD**

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #302925 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Carlsbad
Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/02/2015 (16JAS0063SE)**

Name (Printed/Typed) JENNIFER JOHNS Title OPERATIONS ENGINEERING TECH

Signature (Electronic Submission) Date 05/26/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By **ACCEPTED** Title DAVID R GLASS PETROLEUM ENGINEER Date 10/16/2015

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 Carlsbad

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 #302925 that would not fit on the form

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

NMNM129933
NMNM130988

Wells/Facilities, continued

Agreement	Lease	Well/Fac Name, Number	API Number	Location
NMNM129933	NMLC068722	SUBMARINE 10 FED COM 2H	30-015-40358-00-S1	Sec 10 T17S R29E NENE 945FNL 15FEL
NMNM130988	NMLC068722	SUBMARINE 10 FED COM 3H	30-015-40543-00-S1	Sec 10 T17S R29E SENE 1605FNL 85FEL
NMNM130988	NMLC068722	SUBMARINE 10 FED COM 4H	30-015-40545-00-S1	Sec 10 T17S R29E SENE 2285FNL 40FEL

32. Additional remarks, continued

Jan
Total for Battery = 0 mcf

Number of wells flared: (3)
SUBMARINE 10 FED COM #2H 30-015-40358
SUBMARINE 10 FED COM #3H 30-015-40543
SUBMARINE 10 FED COM #4H 30-015-40545

Reason: Frontier had a fire at the BKU compressor station.