Form 3160-5 (June 2015)	UNITED STATE DEPARTMENT OF THE	res e inter Garishad Field			FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018			
(June 2015) UNITED STATES DEPARTMENT OF THE INTER GRATISE DEPARTMENT OF THE INTER GRATISE DEPARTMENT 					5. Lease Serial No. NMNM7752			
					6. If Indian, Allottee or Tribe Name			
					7. If Unit or CA/Agreement, Name and/or No.			
1. Type of Well 2 2 Oil Well 1 3 Other					8. Well Name and No. CHURCHMOUSE 1 FEDERAL COM 17H			
2. Name of Operator Contact: ROBYN RUSSELL COG OPERATING LLC E-Mail: rrussell@concho.com					9. API Well No. 30-015-43662-00-X1			
			(include area code) 5-4385	10. Field and Pool or Exploratory Area EMPIRE-ABO				
4. Location of Well (Footage, Sec.		11. County or Parish, State						
Sec 1 T17S R29E SESE 99			EDDY COUNTY, NM					
12. CHECK THE	APPROPRIATE BOX(ES) TO INDICA'	FE NATURE O	F NOTICE,	REPORT, OR OTH	IER DA	TA	
TYPE OF SUBMISSION		TYPE OF ACTION						
Notice of Intent	Notice of Intent		🗖 Deepen		Production (Start/Resume)		ter Shut-Off	
Subsequent Report	□ Alter Casing		raulic Fracturing	Reclamation		U Well Integrity		
· · ·			Construction	Recomplete		Other Change to Original A		
Final Abandonment Notice	 Change Plans Convert to Injection 	-				arity Adandon PD		
Attach the Bond under which the v following completion of the involv testing has been completed. Final determined that the site is ready for COG Operating LLC respect 02/26/2018.	ved operations. If the operation r Abandonment Notices must be f r final inspection.	esults in a multipl iled only after all r extension to th	e completion or recorrequirements, includ s APD schedule	ompletion in a n ling reclamation ad to expire	new interval, a Form 316	0-4 must	be filed once	
NM OIL CONS	ARTESIA DISTRIC							
ARTESIA DISTRICT			FOR 24 MONTH PERIOD FEB 6 2 7000				≠i`	
LER GO	APPROVED	-25-2020						
N RECEN			KEC	FIVE	>			
14. 1 hereby certify that the foregoin,	Electronic Submission	OPERATING L	.C, sent to the Ca	arlsbad	-			
Name (Printed/Typed) ROBYN	Title REGULATORY ANALYST							
Signature (Electron	Date 01/25/2	018						
	THIS SPACE F	OR FEDERA	L OR STATE	OFFICE U	SE			
_Approved By_DUNCAN WHITLOCK					ET	E	Date 02/02/2018	
Conditions of approval, if any, are attac certify that the applicant holds legal or which would entitle the applicant to con-	Office Carlsba	d						
Title 18 U.S.C. Section 1001 and Title States any false, fictitious or fraudule					ake to any department or	agency o	f the United	
(Instructions on page 2) ** BLM RE	VISED ** BLM REVISE	D ** BLM RE	VISED ** BLN) ** BLM REVISEI	D **		