1	UNITED STATES EPARTMENT OF THE INTERIOR UREAU OF LAND MANAGEMENT NOTICES AND REPORTS ON WELLS		)CD Artesia	FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018 5. Lease Serial No. NMNM114965		
Do not use t abandoned w	6. If Indian, Allottee of	or Tribe Name				
SUBMIT IN	7. If Unit or CA/Agreement, Name and/or No.					
1. Type of Well           Oil Well         Gas Well	ther		······	8. Well Name and No. HORNED OWL F		
2. Name of Operator COG OPERATING LLC	9. API Well No. 30-015-42502					
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210					Exploratory Area ONE SPRING	
4. Location of Well <i>(Footage, Sec.,</i> Sec 25 T26S R26E 190FNL	<ol> <li>County or Parish, State</li> <li>EDDY COUNTY, NM</li> </ol>					
12. CHECK THE A	APPROPRIATE BOX(ES)	TO INDICATE NATU	JRE OF NOTICE	E, REPORT, OR OTH	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
Notice of Intent	<ul> <li>Acidize</li> <li>Alter Casing</li> </ul>	□ Deepen □ Hydraulic Frac		ction (Start/Resume)	□ Water Shut-Off □ Well Integrity	
Subsequent Report	Casing Repair	□ New Construct			Other Site Facility Diagra	
Final Abandonment Notice	<ul><li>Change Plans</li><li>Convert to Injection</li></ul>	Plug and Aban Plug Back		☐ Temporarily Abandon Site I ☐ Water Disposal		
13. Describe Proposed or Completed C If the proposal is to deepen direction Attach the Bond under which the w following completion of the involv testing has been completed. Final J determined that the site is ready for	nally or recomplete horizontally, ork will be performed or provide ed operations. If the operation re Abandonment Notices must be fil	give subsurface locations ar the Bond No. on file with B sults in a multiple completio	d measured and true LM/BIA. Required s n or recompletion in a	vertical depths of all pertinu ubsequent reports must be a new interval, a Form 316	nent markers and zones. e filed within 30 days 50-4 must be filed once	
Please see attached site fac	ility diagram.					
ioropied for a - 2	27-18 3 - MOCD		COL SERVERS ESTA DESTRICT B 26 2011			
		21	CELVE			
14. I hereby certify that the foregoing	Electronic Submission #	375090 verified by the B DPERATING LLC, sent to	LM Well Informatio	on System		

Name (Printed/Typed)	AMANDA AVERY				
Signature	(Electronic Submission)	Date	05/04/2017		

## THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By	Title	Date				
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					
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)

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

