Form 3160-5 (June 2015)

## UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

FORM APPROVED OMB NO. 1004-0137 Expires: January 31, 2018

SUNDRY Do not use thi	NOTICES AND REPORTS form for proposals to large form 3160-3 (APL	RTS ON WE	enter an		<ul><li>5. Lease Serial No. NMLC065928A</li><li>6. If Indian, Allottee or</li></ul>	Tribe Name
	TRIPLICATE - Other inst		·	· ·	7. If Unit or CA/Agree	ment, Name and/or No.
	THE LIGHTL - Other mist	ucaons on p				,
<ol> <li>Type of Well</li> <li>Oil Well  Gas Well  Oth</li> </ol>	er				8. Well Name and No. LITTLEFIELD 33 F	FEDERAL COM 706H
Name of Operator     COG OPERATING LLC	Contact: / E-Mail: aavery@co	ERY		9. API Well No. 30-015-45163		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		3b. Phone No. Ph: 575-74	(include area code) 8-6940	)	10. Field and Pool or E PURPLE SAGE	xploratory Area WOLFCAMP GAS
4. Location of Well (Footage, Sec., T.	., R., M., or Survey Description)				11. County or Parish, S	State
Sec 33 T26S R29E Mer NMP 32.000938 N Lat, 103.990531					EDDY COUNTY	, NM
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	ΓΕ NATURE O	F NOTICE,	REPORT, OR OTH	ER DATA
TYPE OF SUBMISSION			TYPE O	F ACTION	,	
☐ Notice of Intent	☐ Acidize	☐ Deep	en	☐ Producti	ion (Start/Resume)	☐ Water Shut-Off
-	☐ Alter Casing	☐ Hyd:	raulic Fracturing	□ Reclama	ation	■ Well Integrity
Subsequent Report	□ Casing Repair	□ New	Construction	□ Recomp	lete	Other
☐ Final Abandonment Notice	□ Change Plans	Plug	and Abandon	□ Tempora	arily Abandon	Hydraulic Fracture
	☐ Convert to Injection	Plug	Back	□ Water D	isposal	,
Attach the Bond under which the wor following completion of the involved testing has been completed. Final Abdetermined that the site is ready for fi 3/8/19 Test annulus to 1500# test. 3/29/19 to 4/9/19 Perf 10,180-& 14,193,440 gal fluid.	operations. If the operation responded must be file in all inspection.  Set Composite Bridge plus	ults in a multipled only after all t	e completion or reco requirements, include and test csg to	ompletion in a n ling reclamation 11,181#. Go	new interval, a Form 3160, have been completed an	0-4 must be filed once
4/30/19 to 5/1/19 Drilled out C		•	*		RE	CEIVED
5/13/19 -5/16/19 Set 2 7/8" 6.5	- <del>-</del> .		. Installed gas	lift system.		->84 - 200
5/28/19 Began flowing back 8	k testing. Date of first prod	uction.			JUN	27 2019
	•				DISTRICTI	I-ARTESIAO.C.D.
14. I hereby certify that the foregoing is	<ul> <li>Electronic Submission #4</li> </ul>	70255 verifie PERATING L	by the BLM We C, sent to the C	ll Information arlsbad	System	
Name (Printed/Typed) AMANDA	AVERY		Title AUTHO	RIZED REP	RESENTATIVE	
Signature (Floatronic S	Whaticaian) s		D-to 00/04/0	1040		
Signature (Electronic S		D FEBER :	Date 06/24/2			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	THIS SPACE FO	R FEDERA	LORSIAIE	OFFICE US	SE :II	<u> </u>
Approved By			Title		LM approvals will approvals will be reviewed	
Conditions of approval, if any, are attache certify that the applicant holds legal or equivalent would entitle the applicant to conduct the applicant the applicant to conduct the applicant the applicant the applicant the applicant the applicant to conduct the applicant the appli	iitable title to those rights in the		Office	Pending by Subseque	LM approvals who have a provided the control of the	
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent s				and sca.		agency of the United

JUN 27 2019

Form 3160-4 (August 2007)

# UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT DISTRICTII-ARTESIAO.C.D.

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

	WELL (	COMPL	ETION C	R REC	COMP	LETIC	N RE	EPORT	AND L	.og			ease Serial N IMLC06592		
la. Type of	_	Oil Well	_		☐ Dry	0						6. If	Indian, Allo	ottee or	Tribe Name
b. Type of	f Completion	Oth	lew Well er	□ Work	Over	☐ De	epen ——	☐ Plu	g Back 	☐ Diff. F	Resvr.	7. U	nit or CA A	greeme	ent Name and No.
2. Name of COG O	Operator PERATING	LLC	E	-Mail: aa				A AVERY	,				ease Name a		II No. EDERAL COM 7061
3. Address	2208 W M ARTESIA						3a. Ph:	Phone N 575-74	o. (include 8-6940	area code	) .	9. A	PI Well No.		30-015-45163
4. Location	of Well (Re Sec. 33		on clearly ar 29E Mer Ni		rdance v	with Fede	ral req	uirements	)*			10. F	ield and Po	ol, or E	Exploratory VOLFCAMP GAS
At surfa	ce SESW	Lot 10 3	00FSL 237 Sec	6FWL 32 33 T26S	R29E	Mer NM	Р				4.147.1	11. 8	Sec., T., R.,	M., or	Block and Survey 26S R29E Mer NMP
•	rod interval i Sec	: 28 T269	elow SES R29E Mer 203FNL 1	NMP					•	03.99053	1 W Lon	12. (	County or Pa		13. State
At total 14. Date Sp 10/08/2	oudded	NV LOI C	15. Da	ate T.D. F /11/2019	Reached		at, 103	16. Date	Complete	ed Ready to F	Prod.		DDY Elevations (I 286	OF, KE 0 GL	NM 3, RT, GL)*
18. Total D	epth:	MD	17006 10082		19. Plug	g Back T	.D.;	MD TVD	16	880 082	20. Dep	th Bri	dge Plug Se		MD 16935 IVD 10082
21. Type E	lectric & Oth	er Mecha	nical Logs R	un (Subm	nit copy	of each)		· · · ·		22. Was Was	well cored DST run? ctional Sur		No I	☐ Yes ☐ Yes	(Submit analysis) (Submit analysis) (Submit analysis)
23. Casing a	nd Liner Reco	ord <i>(Repo</i>	ort all strings	set in we	·11)		r						*		
Hole Size	Size/G	rade	Wt. (#/ft.)	Top (MD)		Bottom (MD)		Cementer Depth		f Sks. & of Cement	Slurry (BB		Cement T	op*	Amount Pulled
14.750 9.875	1	750 L80 625 L80	45.5 29.7		0	595 9465	<del> </del>	2724		1000				0 0	<del></del>
6.750	<del>†</del>	00 P110	23.0		0	16995		2734		1650 2025				0	
		_													X47
24. Tubing Size	Record Depth Set (M	4D)   B	acker Depth	(MD)	Size	Domi	h Set (N	4D) t	o alson Dos	ath (MD)	Size	I p.	unth Sat (MI	<u>,,  </u>	Dooken Dooth (MD)
2.875		9404	аскег Беріп	9395	Size	Бери	i set (N	VID) I	acker Der	(עונאו) וווכ	Size	De	pth Set (MI	,,	Packer Depth (MD)
<del> </del>	ng Intervals	<u></u> -				_		ation Rec		Г					
A)	ormation WOLFC	AMP	Top 1	0180	Botton 169	920	P	erforated	Interval I0180 TC	16920	Size	+	No. Holes 1216	OPEN	Perf. Status
B)															
C)		-		,		_									
D) 27. Acid, Fr	racture, Treat	ment, Cer	nent Squeeze	e, Etc.				,				<del> </del>	<u> </u>		
	Depth Interva							A	mount and	d Type of N	1aterial				
	. 1018	80 TO 16	920 SEE AT	TACHED				•••	•		*				
	•														
28 Product	ion - Interval	٨									·			····	
Date First	Test	Hours	Test	Oil	Gas		Vater	Oil G		Gas		Product	ion Method		
Produced 05/28/2019	Date 05/28/2019	Tested 24	Production	ввь 514.0	мсғ 26	576.0	BL 1559.	.0 Corr.	API	Gravit	y			GAS L	IFT
Choke Size 24/64	Tbg. Press. Flwg. 2850 SI	Csg. Press. 2160.0	24 Hr. Rate	Oil BBL 514	Gas MCF 2		Vater BBL 1559	Gas:C Ratio	oil	Well S	etatus PGW			٠	_
	tion - Interva														
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF		Vater BBL	Oil G Corr.		Gas Gravit			ion Method		
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF		Vater BBL	Gas:C Ratio	Pil .	Well S	Statue. —	ממה	rovals w reviewe	lli	
/C I	SI									Pendir	auenth	y be	reviewe	d	· —

(See Instructions and spaces for additional data on reverse side)
ELECTRONIC SUBMISSION #470248 VERIFIED BY THE BLM WELL INFORMATION S

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTEL
and scanned

					·						
	luction - Interv			<del></del>							
Date First Produced	Test Date	Hours Tested-	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	У	Production Method	•
hoke ize	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well S	Status .		
28c. Prod	luction - Interv	/al D		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L			
Pate First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravit	у	Production Method	
hoke .	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well S	Status		
29. Dispo	sition of Gas(	Sold, usea	for fuel, vent	ed, etc.)	<u> </u>	•	,				•
30. Şumn	nary of Porous	Zones (Ir	iclude Aquife	rs):		•			31. For	mation (Log) Markers	
tests,	all important including dep ecoveries	zones of p th interval	orosity and c tested, cushic	ontents there on used, time	of: Cored in tool open,	ntervals and flowing and	all drill-stem I shut-in pressu	res			
	Formation		Тор	Bottom		Description	ons, Contents, e	etc.		Name	Top Meas. Dept
BRUSHY BONE SF 1ST BON 2ND BON	CANYON CANYON PRING LIMES IE SPRING NE SPRING NE SPRING MP	STONE	2719 3664 4945 6497 7435 8222 931.1 9665						CH BR BO 1S 2N 3R	MAR IERRY CANYON USHY CANYON INE SPRING LIMESTONE T BONE SPRING D BONE SPRING D BONE SPRING DLFCAMP	2719 3664 4945 6497 7435 8222 9311 9665
	•	•	·								
								: :			
	•								i N		
						• • •		•			
32. Addit	tional remarks	(include p	olugging proce	edure):						-1	
			,			-					
	•	٠						. *			
1. El	e enclosed atta ectrical/Mecha andry Notice fo	anical Log				2. Geologic 6. Core An	. •		DST Re	port 4. Directio	nal Survey
34. I here	eby certify that	the foreg	U	ronic Submi	ission #4702	248 Verifie	rrect as determ d by the BLM LLC, sent to t	Well Inform	ation Sy	e records (see attached instructionstem.	ons):
Name	e(please print)	AMAND	A AVERY							PRESENTATIVE	
							<del></del>				
Signa	iture	(Electro	nic Submissi	on)		• •	Date	06/24/2019			



JUN 27 2019

State of New Mexico DISTRICT I

1625 N. FRENCH DR., HOBBS, NM 88240
Phone: (676) 393-6161 Fax: (676) 393-0720

Energy, Minerals & Natural Resources Department OIL

CONSERVATION DIVISIONICTII-ARTESIAOCO Form C-102

DISTRICT II 811 S. FIRST ST., ARTESIA, NM 88210 Phone: (575) 748-1283 Fax: (575) 748-9720 1220 SOUTH ST. FRANCIS DR. Santa Fe, New Mexico 87505

Submit one copy to appropriate

DISTRICT III 1000 RIO BRAZOS RD., AZTEC, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170

District Office

DISTRICT IV 1220 S. ST. FRANCIS DR., SANTA FE, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

□ AMENDED REPORT

	WELL LOCATION AND	ACREAGE DEDICATION PLAT	<b>'</b>
API Number	Pool Code	Pool Na	ıme
30-015-45163	98220	Purple Sage; Wo	olfcamp (Gas)
Property Code	Prop	erty Name	Well Number
322243	LITTLEFIELD :	33 FEDERAL COM	706H
OGRID No.	Oper	ator Name	Elevation
229137	COG OPE	RATING, LLC	2860.4

#### Surface Location

UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
10	33	26-S	29-E	<b>.</b>	300	SOUTH	2376	WEST	EDDY

#### Bottom Hole Location If Different From Surface

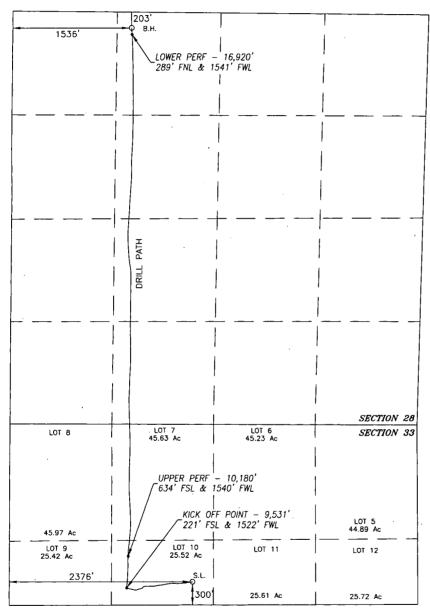
UL or lot No.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
С	28	28 26-S 29-E			203	NORTH	1536	WEST	EDDY	
Dedicated Acres   Joint or Infill   C		Consolidation	Code Or	der No.						
463.13			1							
103.13	463.13									

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

SEE PAGE 2 PAGE 1 OF 2 W.O. #19-989 DRAWN BY: WN

Property Code	Property Name	Well Number
322243	LITTLEFIELD 33 FEDERAL COM	706H
OGRID No.	Operator Name	Elevation
229137	COG OPERATING, LLC	2860.4'

NAD 83 NME <u>ВОТТОМ</u> HOLE LOCATION Y=371391.6 N X=646826.5 E LAT.=32.020579' N LONG.=103.992958' W



NAD 83 NME SURFACE LOCATION Y=364249.3 N X=647601.2 E LAT.=32.000938\* N LONG.=103.990531° W BOREPATH SHOWN HEREON IS BASED ON DIRECTIONAL SURVEY REPORT PROVIDED BY COG OPERATING, LLC FOR THE LITTLEFIELD 33 FEDERAL COM #706H SUPPLIED TO HARCROW SURVEYING, LLC ON MAY 23, 2019

1200 1200 n SCALE: 1"=1200

#### OPERATOR CERTIFICATION

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

Manda Hvery 6/11/19 Signature

Amanda Avery

Printed Name

aavery@concho.com

E-mail Address

### SURVEYOR CERTIFICATION

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

SEPT. 12, 2018/FEB. 11, 2019

Date of Survey/Date of Geographic Survey

Signature & Seal of Professional Surveyor CHADL. HARCRO WEXIC PESSIONA ESSIONA

Certificate No. CHAD HARCROW 17777

W.O. #19-989 PAGE 2 OF 2

DRAWN BY: WN



Inten	t	As Dril	led	Х									JUN 27	2019	
API #	015-4516	2									[	DISTR	ICTII-ART	ESIAO.C.D.	
Operator Name: COG OPERATING, LLC							perty N			EDE		·	<del></del>	Well Number 706H	
						]					<del></del>	<del></del>	<del></del>		
Kick (	Off Point	(KOP)													
UL	Section	Township	Range	Lot	Feet		From N		Feet			ı E/W	County		
10	33	26S	29E		221	•	SOU	ГН	1522	2	WE	ST	EDDY		
Latitu 32.0	<sup>1de</sup> 00722	2			Longitu -103		287						NAD 83		
					l					-	· · ·		<u>!</u>		
First 7	Take Poir	nt (FTP)													
UL 10	Section 33	Township 26S	Range 29E	Lot	Feet 634		From N		Feet 1540	<b></b>	From	n E/W	County		
Latitu		1200	Z3L		Longitu								NAD		
32.0	001857	7			-103	03.993218									
UL	Section	Township	Range	Lot	Feet		m N/S	Feet		From		Coun			
C Latitu	28 ude	26S	29E		289 Longitu		RTH	154	-1	WES	51	EDD NAD	PΥ		
32.0	020344	1			103.	9929	944					83		<u> </u>	
s this	s well the	e defining v	vell for th	e Hori:	zontal S	pacin	g Unit?	٠ [	Yes	]					
								_		_					
ls this	s well an	infill well?												•	
	ll is yes p ng Unit.	lease prov	ide API if	availat	ole, Ope	rator	Name	and v	vell nı	umbe	r for I	Defini	ng well fo	r Horizontal	
API#	;														
Ope	rator Na	me:	<u> </u>			Pro	perty N	lame	:					Well Number	

KZ 06/29/2018