

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.
NMNM123530

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
BASEBALL CAP FEDERAL COM 601H9. API Well No.
30-025-4578310. Field and Pool or Exploratory Area
RED HILLS; BONE SPRING

11. County or Parish, State

LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 21. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLC
Contact: AMANDA AVERY
E-Mail: aaavery@concho.com3a. Address
2208 W MAIN STREET
ARTESIA, NM 88210
3b. Phone No. (include area code)
Ph: 575-748-69404. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 25 T24S R34E Mer NMP SESE 430FSL 1080FEL
32.182232 N Lat, 103.418678 W Lon

12. CHECK THE 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"/> Hydraulic Fracturing	<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 type="checkbox"/> Other
	<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 checked="" 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 recompleat 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 must be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleat in a new interval, a Form 3160-4 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Required information for disposal water:

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water producing in barrels per day: 5000 bwpd
- 3) How water is stored on lease: 2-750 BBL Fiberglass tank
- 4) How water is moved to disposal: Piped/Trucked to nearest SWD System.

5) Disposal Facility #1

a) Facility Operator Name: Owl SWD Operating, LLC
Water leaves COG well pad and is piped to an Owl SWD via trunk line.

Disposal Facility #2

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

**Electronic Submission #509120 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) AMANDA AVERY

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 03/31/2020

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 ****

Additional data for EC transaction #509120 that would not fit on the form

32. Additional remarks, continued

- a) Facility Operator Name: Delaware Energy LLC
- b) Name of facility or well name & number: Moomaw SWD #1 (SWD-1730)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: N, Sec 25-T24S-R34E

In the event a temporary change of method or location of disposal is necessary, produced water will be trucked to an authorized disposal well in the geographic vicinity.