	UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT					FORM 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. NMNM123532		
					6. If Indian, Allottee or Tribe Name		
SUBMIT IN TRIPLICATE - Other instructions on page 2					7. If Unit or CA/Agreement, Name and/or No.		
1. Type of Well □ Gas Well □ Other					8. Well Name and No. BASEBALL CAP FED COM 607H		
2. Name of Operator Contact: AMANDA AVERY COG OPERATING LLC E-Mail: aavery@concho.com					9. API Well No. 30-025-45786		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	IM 88210				10. Field and Pool or Exploratory Area RED HILLS; BONE SPRING, N		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)					11. County or Parish, State		
Sec 25 T24S R34E Mer NMP SWSW 340FSL 1030FWL 32.182132 N Lat, 103.428912 W Lon			OCD - HOL 03/23/2020 RECEIVED		LEA COUNTY, NM		
12. CHECK THE A	PPROPRIATE BOX(ES)	FO INDICA			REPORT, OR OTH	IER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION						
Notice of Intent	□ Alter Casing □ H		pen	Product	ion (Start/Resume)	UWater Shut-Off	
_			Iraulic Fracturing 🛛 🗖 Reclam		ation	U Well Integrity	
Subsequent Report	equent Report Casing Repair Ne		Construction	□ Recomplete		□ Other	
☐ Final Abandonment Notice	Change Plans		□ Plug and Abandon		Temporarily Abandon		
	- ,		🛛 Water I	1			
13. Describe Proposed or Completed Op If the proposal is to deepen direction Attach the Bond under which the wo following completion of the involved testing has been completed. Final A determined that the site is ready for f	ally or recomplete horizontally, g rk will be performed or provide d operations. If the operation res bandonment Notices must be file	give subsurface the Bond No. or ults in a multip	locations and measure in file with BLM/BIA e completion or reco	red and true vo . Required su ompletion in a	ertical depths of all pertin bsequent reports must be new interval. a Form 316	ent markers and zones. filed within 30 days 0-4 must be filed once	
Required information for disp 1) Name of formation produci 2) Amount of water producing 3) How water is stored on lea 4) How water is moved to disp	ng water on lease: Bone S i in barrels per day: 5000 b se: 2-750 BBL Fiberglass f	wpd ank	System.				
5) Disposal Facility #1 a) Facility Operator Name: Ov Water leaves COG well pad a		D via trunk lii	ıe.				
Disposal Facility #2							
14. I hereby certify that the foregoing i	Electronic Submission #5	07799 verifie DPERATING I	d by the BLM Wel LC, sent to the F	I Information	n System		
Name(Printed/Typed) AMANDA AVERY			Title REGULATORY ANALYST				
Signature (Electronic Submission)			Date 03/19/2020				
THIS SPACE FOR FEDERAL OR STATE OFFICE USE							
Approved By Conditions of approval, if any, are attached. Approval of this notice does not warrant or			Title			Date	
certify that the applicant holds legal or eq which would entitle the applicant to cond	Office						
Title 18 U.S.C. Section 1001 and Title 43 States any false, fictitious or fraudulent				willfully to m	ake to any department or	agency of the United	
(Instructions on page 2) ** OPERA	Tor-Submitted ** O	PERATOR	SUBMITTED *	* OPERAT	OR-SUBMITTED	** KZ	

Additional data for EC transaction #507799 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.