Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR

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

. В	Expires: Jan	uary 31, 2018								
SUNDRY	5. Lease Serial No. NMNM14164									
Do not use the	6. If Indian, Allottee or Tribe Name									
abandoned we										
SUBMIT IN	7. If Unit or CA/Agreem	ent, Name and/or No.								
 Type of Well ☐ Gas Well ☐ Oth 	Well Name and No. SNAP BACK FEDE	RAL COM 702H								
Name of Operator COG OPERATING LLC	9. API Well No. 30-025-47624-00-	-X1								
3a. Address ONE CONCHO CENTER 60 MIDLAND, TX 79701-4287		10. Field and Pool or Exploratory Area WC025G09S243532M-WOLFBONE								
4. Location of Well (Footage, Sec., T		11. County or Parish, State								
Sec 19 T24S R35E SWSW 24 32.196407 N Lat, 103.412880		LEA COUNTY, NM								
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICA	TE NATURE OI	F NOTICE,	REPORT, OR OTHE	R DATA				
TYPE OF SUBMISSION		ACTION								
Notice of Intent	Notice of Intent ☐ Acidize ☐ Dee					☐ Water Shut-Off				
☐ Subsequent Report	☐ Alter Casing		Iraulic Fracturing	☐ Reclama		■ Well Integrity				
	Casing Repair	_	v Construction	Recomp		Other Change to Original A				
☐ Final Abandonment Notice	☐ Change Plans		g and Abandon	_	arily Abandon	PD PD				
	☐ Convert to Injection	☐ Plug		☐ Water D						
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 recomplete 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 recompletion 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.										
COG Operating requests an a	mendment to our approve	ed APD for th	is well to reflect a	change BH	IL.					
COG Operating requests an amendment to our approved APD for this well to reflect a change BHL. Change BHL to: 2590' FSL & 1650' FWL NESW 18-24S-35E										
ondings Briz to. 2000 T GE &	1030 T VVL NESVV 10-24	13-33E								
Entered - KMS NMOCD										
14. I hereby certify that the foregoing is	true and correct.				_					
Electronic Submission #528333 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs										
Committed to AFMSS for processing by PRISCILLA PEREZ on 09/03/2020 (20PP3523SE)										
Traine (Trimeartypea) STAN WA	GNER		Title REGULA	ATORY ADI	/ISOR					
Signature (Electronic S	ubmission)		Date 09/02/20	20						
THIS SPACE FOR FEDERAL OR STATE OFFICE USE										
Approved By DYLAN ROSSMANG	30		TitleDETDOLC	IM ENGINE		Data 00/00/0000				
Conditions of approval, if any, are attached	Approval of this notice does	not warrant or	TitlePETROLEUM ENGINEER Date 09/29/2020							
ertify that the applicant holds legal or equivalent would entitle the applicant to conduction	itable title to those rights in the	Office Hobbs								
Title 18 U.S.C. Section 1001 and Title 43 UStates any false, fictitious or fraudulent st	J.S.C. Section 1212, make it a catatements or representations as	crime for any pe	erson knowingly and vithin its jurisdiction	villfully to ma	ke to any department or ago	ency of the United				

(Instructions on page 2)

** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED **

<u>District I</u>
1625 N. French Dr., Hobbs, NM 88240
Phone: (575) 393-6161 Fax: (575) 393-0720
<u>District II</u>
811 S. First St., Artesia, NM 88210
Phone: (575) 748-1283 Fax: (575) 748-9720
<u>District III</u>

1000 Rio Brazos Road, Aztec, NM 87410 Phone: (505) 334-6178 Fax: (505) 334-6170 District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505 Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION 1220 South St. Francis Dr. Santa Fe, NM 87505

Form C-102 Revised August 1, 2011 Submit one copy to appropriate District Office



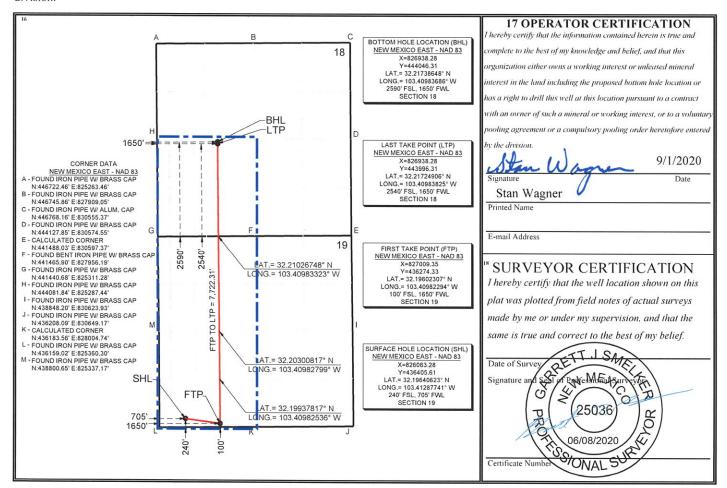
WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number	2 Pool Code	2 Pool Code 3 Pool Name				
30-025-47624	98098	98098 WC-025 G-09 S243532M; Wolf				
4 Property Code		5 Property Name				
329315	SNAP BACK	702H				
7 OGRID No.		perator Name	9 Elevation			
229137	COG OPI	3374'				

¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County	
M	19	24-S	35-E		240'	SOUTH	705'	WEST	LEA	
"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	
K	18	24-S	35-E		2590'	SOUTH	1650'	WEST	LEA	
12 Dedicated Acres 13 Joint or Infill 14 Consolidation Code 15 Order No.										
480										

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.



Intent X As Drilled									
API# 30-025-47624									
Operator Name:		Pro	perty N	ame:					Well Number
COG Operating LLC		Sna	ар Вас	k Fe	ederal C	om			702H
Kick Off Point (KOP)									
UL Section Township Range Lot M 19 24S 35E	Feet	Feet From N/S Feet From E/W				County Lea			
Latitude	Longitu	ide						NAD 83	
	,								
First Take Point (FTP)									
ULSectionTownshipRangeLotN1924S35E	100							County Lea	
132.19602307	Longitu	and the state of t						NAD 83	
Last Take Point (LTP)									
UL Section Township Range Lot	Feet		m N/S	Feet		m E/W	Count	ТУ	
K 18 245 35E	K 18 24S 35E 2540 South 1650 West Lea Latitude Longitude NAD								
32.21724906	-103	03.40983825 NAD 83							
Is this well the defining well for the Horizontal Spacing Unit? NO									
Is this well an infill well?									
If infill is yes please provide API if available, Operator Name and well number for Defining well for Horizontal Spacing Unit.									
API# 30-025-47622									
Operator Name:		Pro	perty N	ame:					Well Number
COG Operating LLC		Snap Back Federal Com					601H		

KZ 06/29/2018