

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs  
HOBBS OCD

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

**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.*

MAR 25 2014

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM06413
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE, MIDLAND, TX 79701-4287		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6958		8. Well Name and No. PRICKLY PEAR 6 FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 6 T20S R35E Lot 2 190FNL 1790FEL 32.608928 N Lat, 103.494014 W Lon		9. API Well No. 30-025-41572-00-X1
		10. Field and Pool, or Exploratory WC-025-G08 S203506D
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Change to Original A PD
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input 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 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall 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 LLC RESPECTFULLY REQUESTS THE FOLLOWING CHANGES TO THE ORIGINAL APD:

LATERAL TD IS 15740'. PLAN TO RUN 5 1/2" 17# P110 LTC TO 15730' W/DV TOOL @ ~10000'.

CEMENT STG 1 W/1340 SX 50:50:2 POZ:H:GEL (14.4/5.66/1.24). CEMENT VOLUMES ARE CALCULATED TO CIRCULATE TO TOP OF DV TOOL.

CEMENT STG 2 W/1170 SX 50:50:10 POZ:H:GEL (11.9.4/14.07/2.51) AND 200 SX 50:50:2 POZ:H:GEL (14.4/5.66/1.24). CEMENT VOLUMES ARE CALCULATED TO CIRCULATE TO SURFACE.

*Directional plan is the same per Debora Wilbourn 3/24/14*

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

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

Electronic Submission #236408 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by CHRISTOPHER WALLS on 03/18/2014 (14CRW0121SE)

Name (Printed/Typed) DEBORA WILBOURN	Title DRLG ENGINEERING TECH
Signature (Electronic Submission)	Date 02/24/2014

APPROVED

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date MAR 24 2014
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 BUREAU OF LAND MANAGEMENT CAPISRA FIELD 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.

\*\* BLM REVISED \*\*

MAR 26 2014

## CONDITIONS OF APPROVAL

<b>OPERATOR'S NAME:</b>	<b>COG Operating, LLC</b>
<b>LEASE NO.:</b>	<b>NMNNM-06413</b>
<b>WELL NAME &amp; NO.:</b>	<b>Prickly Pear 6 Federal 2H</b>
<b>SURFACE HOLE FOOTAGE:</b>	<b>0190' FNL &amp; 1980' FEL</b>
<b>BOTTOM HOLE FOOTAGE</b>	<b>0330' FSL &amp; 1980' FEL</b>
<b>LOCATION:</b>	<b>Section 06, T. 20 S., R 35 E., NMPM</b>
<b>COUNTY:</b>	<b>Lea County, New Mexico</b>

**The original COAs still stand with the following drilling modifications:**

1. The minimum required fill of cement behind the 5-1/2 inch production casing is:

**Operator has proposed DV tool at depth of 10,000'. Operator is to submit sundry if DV tool depth varies by more than 100' from approved depth.**

a. First stage to DV tool:

- Cement to circulate. If cement does not circulate, contact the appropriate BLM office before proceeding with second stage cement job. Operator should have plans as to how they will achieve approved top of cement on the next stage.

b. Second stage above DV tool:

- Cement should tie-back at least 500 feet into previous casing string. Operator shall provide method of verification.

**JAM 032414**