

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCB Hobbs

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

5. Lease Serial No.
NMNM120908

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
KING TUT FEDERAL 2H

9. API Well No.
30-025-41558-00-X1

10. Field and Pool, or Exploratory
COTTON DRAW

11. County or Parish, and State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG PRODUCTION LLC
Contact: MAYTE X REYES
E-Mail: mreyes1@concho.com

3a. Address
2208 W MAIN STREET
ARTESIA, NM 88210

3b. Phone No. (include area code)
Ph: 575-748-6945

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T24S R32E NENW 190FNL 1650FWL
32.194962 N Lat, 103.717159 W Lon

HOBBS OCB
MAY 19 2014

RECEIVED

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	Onshore Order Variance
	<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 recomplate 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 Production LLC respectfully requests approval to add a Flex Hose Variance Report to the original approved APD.

Flex Hose Variance attached.

SEE ATTACHED FOR
CONDITIONS OF APPROVAL

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

Electronic Submission #245084 verified by the BLM Well Information System
For COG PRODUCTION LLC, sent to the Hobbs
Committed to AFMSS for processing by CHRISTOPHER WALLS on 05/09/2014 (14CRW0178SE)

Name (Printed/Typed) MAYTE X REYES Title REGULATORY ANALYST

Signature (Electronic Submission) Date 05/09/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By /s/ Chris Walls Title Eng. Date 5/9/14

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 CFO

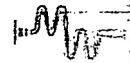
Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

** BLM REVISED **

MJB/ocd 5/19/2014

MAY 19 2014

Choke & Kill, BOP



Choke & Kill, BOP

MW Choke & Kill

Designed as a flexible connection to the choke manifold.

Tube: petroleum resistant for oil based drilling fluids

Cover: ozone, petroleum, and abrasion resistant

Reinforcement: high tensile steel wire spiral layers

Thermal Blanket: 1500°

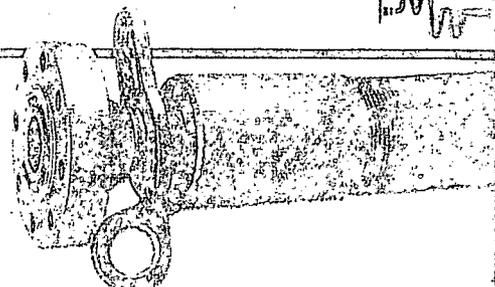
continuous ratings, non-flammable, non-conductive

Armor Wall: .144"

Max Length: 150 feet



-20° F / +212° F
-29° C / +100° C



ST HOSE CHOKE AND KILL HOSE FIRE RESISTANT ISO 14693 H2S SOUR GAS

Item	ID inch	OD inch	WP psi	Test psi	Weight lb/ft
CK-48 Red	3	4.94	5,000	10,000	145
CK-56 Red	3½	5.44			155
CK-64 Red	4	6.31			165
CK-48 Armor	3	6.5			175
CK-56 Armor	3½	7	10,000	15,000	185
CK-64 Armor	4	8			195
CK-4810K Red	3	5.31			205
CK-5610K Red	3½	5.81			215
CK-6410K Red	4	4.75	10,000	15,000	225
CK-4810K Armor	3	6.5			235
CK-5610K Armor	3½	7			245
CK-6410K Armor	4	8			255

- Rotary hose
- Hydraulic hose
- Hammer Unions
- Industrial hose
- Fire hose
- Metal hose, expansion Joints
- Ducting hose
- Automotive hose
- Crimp Fittings & Machines
- Frac Fittings, Notched KCs.
- Flam & Groove, Universal, Shank Fittings

MW BOP Control Line

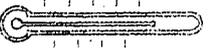
For blowout preventer lines.

Tube: for hydraulic BOP actuation

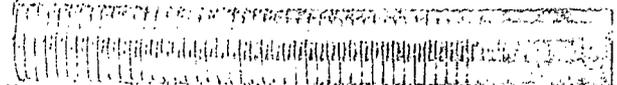
Thermal Blanket: 1500° continuous rating, non-flammable, non-conductive

Armor Wall: .08"

Popular with a larger hex and longer threads for easier installation of hammer unions.



-20° F / +212° F
-29° C / +100° C

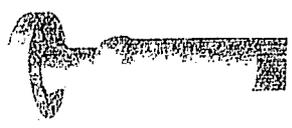


MW FIRE WALL 6000 1" BLOWOUT PREVENTER CONTROL LINE

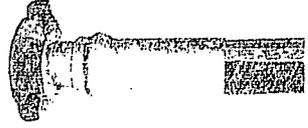
Item	ID inch	OD inch	WP psi	Test psi	Weight lb/ft
BOP-16 Armor	1	2.06	5,000	10,000	85
BOP-32 Armor	2	3.75			105
BOP-16	1	1.77			115
BOP-32	2	3.09			135

Carbon or stainless steel nipples are available and 1/2", 3/4", 1-1/4", and 1-1/2" sizes are available

- Valves
- Black Pipe
- Quick Couplings
- Gauges
- Belts, Sheaves, & Bushings
- Steel Adapters
- Brass Adapters



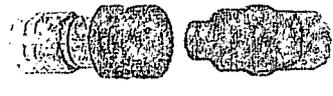
Weld-on Flanges or Hammer Unions



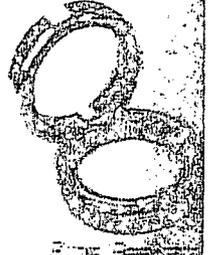
Integral 1002/1502 Hammer Union Fittings



Safety Clamps



Fire Proof Quick Connects



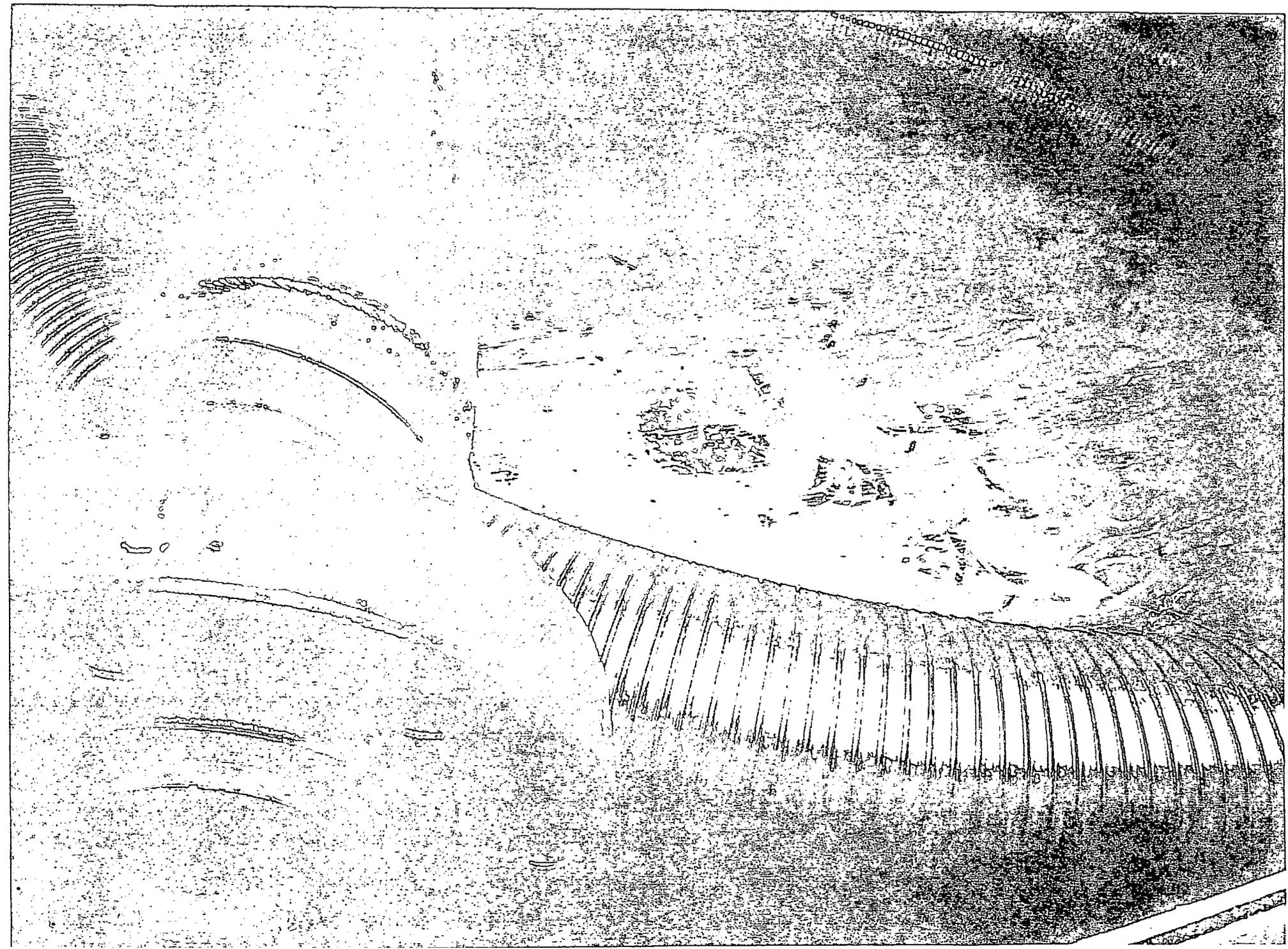
Flange and Hammer Union

Date: 3/6/2014		Tested: TONY KELLINGTON	Approved: RYAN ADAMS
Non-member:			
Host Assembly Code Number: 157120	Host Name: MRS	Host Contact Number: 1044	Host Address: 1044
Host Assembly Code Number: 157120	Host Name: MRS	Host Contact Number: 1044	Host Address: 1044



 Ryan Adams

237720



Co-Flex line
Conditions of Approval

Variance approved to use flex line from BOP to choke manifold. Check condition of flexible line from BOP to choke manifold, replace if exterior is damaged or if line fails test. Line to be as straight as possible with no hard bends and is to be anchored according to Manufacturer's requirements. The flexible hose can be exchanged with a hose of equal size and equal or greater pressure rating. **Anchor requirements, specification sheet and hydrostatic pressure test certification matching the hose in service, to be onsite for review.** If the BLM inspector questions the straightness of the hose, a BLM engineer will be contacted and will review in the field or via picture supplied by inspector to determine if changes are required (operator shall expect delays if this occurs).