

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD-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.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMMN13422B
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN ST ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6940 <b>HOBBS OCD</b>	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T19S R32E Mer NMP 330FNL 2310FWL		8. Well Name and No. FALCON FEDERAL 3H
		9. API Well No. 30-025-39026
		10. Field and Pool, or Exploratory LUSK; BONE SPRING, NORTH
		11. County or Parish, and State LEA COUNTY, NM

JUN 13 2014

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION			
<input 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 checked="" 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 Site Facility Diagram/Security Plan
	<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 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.)

Please see attached Site Facility Diagram.

Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
If BLM Objectives are not achieved,  
additional work may be required.  
Date: 6-9-14

Signature: *Amanda Avery*

14. I hereby certify that the foregoing is true and correct. <b>Electronic Submission #248000 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA DENNISTON on 06/03/2014 ( )</b>	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 06/03/2014

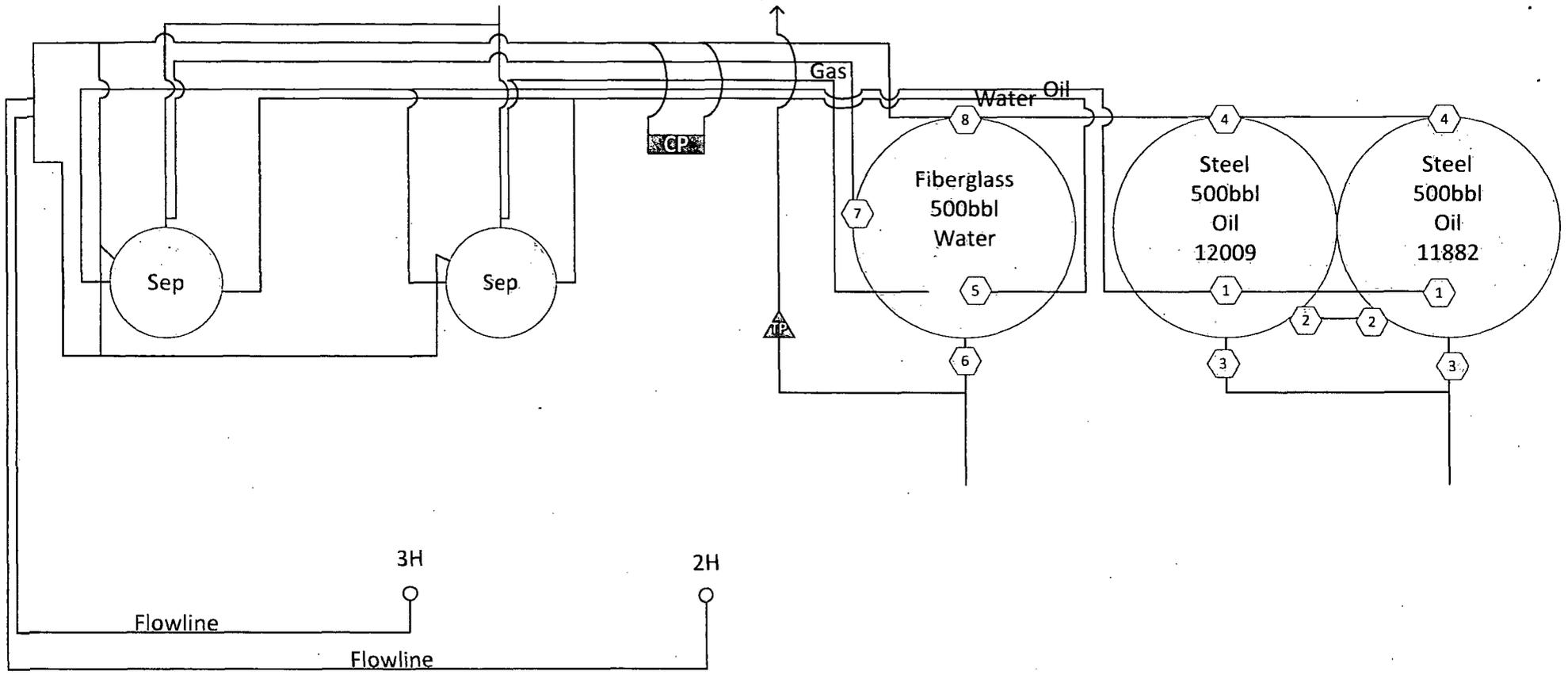
THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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.

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

JUN 16 2014



COG Operating LLC.  
 2208 W Main St.  
 Artesia, NM 88210

Falcon Federal #3H  
 NMNM13422B  
 30-025-39026  
 9/19S/32E  
 Lea County

Falcon Federal #2H  
 NMNM13422B  
 30-025-39009  
 9/19S/32E  
 Lea County

Falcon Federal #3H  
NMNM13422B  
30-025-39026  
9/19S/32E  
Lea County

**1. Production Phase (OT#1)**

- A. Valves #1,#2,#4,#5,#7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #2 Positioned:
  - 1. Valves #1, #3, & #4 Closed and sealed

**II. Sales Phase (OT#1)**

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #1 Open
- C. Valves on OT #2 Positioned:
  - 1. Valve #1, and #2, Open
  - 2. Valve #3 Closed and Sealed

**Production Phase (OT #2)**

- A. Valves #1, #2, #4, #5, #7, and #8 Open
- B. Valve #3 Closed and Sealed
- C. Valve #6 Closed
- D. Valves on OT #1 Positioned:
  - 1. Valves #1, #3 & #4 Closed and Sealed

**Sales Phase (OT#2)**

- A. Valves #1, #2 and #4 Closed and Sealed
- B. Valve #3 on OT #2 Open
- C. Valves on OT #1 Positioned:
  - 1. Valve #1, and #2 Open
  - 2. Valve #3 Closed and Sealed