Form 3160-5 (August, 2007)

## OCD-HOBBS **UNITED STATES** DEPARTMENT OF THE INTERIOR

BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

FORM APPROVED OMB No. 1004-0137 Expires: July 31, 2010

Lease Serial No.

NMLC065710A

aban	6. If Indian, Allotte	ee, or Tribe Name						
abandoned well. Use Form 3160-3 (APD) for such proposale BBS OCD SUBMIT IN TRIPLICATE - Other Instructions on page 2.					7. If Unit or CA. Agreement Name and/or No.			
1. Type of Well  X Oil Well  Gas Well	Other		AUG 1 3 2014	8. Well Name and	No.			
2. Name of Operator					Deep Unit A #30H	<del></del> -		
COG Operating LLC 3a. Address 2208 W. Main Street		3b. Phone No. (includ	de area code) 48-6946	9. API Well No.	30-025-41513	•		
Artesia, NM 88210 4. Location of Well (Footage, Sec., T., R.,	, M., or Survey Description)	373-7	Lat.	10. Field and Pool, or Exploratory Area  Lusk; Bone Spring				
SHL: 330' FSL & 360' FWL BHL: 402' FSL & 343' FEL,	, ,		Long.	<ol> <li>County or Paris</li> <li>Lea</li> </ol>	sh, State NM	[		
12. CHECK APPROPRIATE BOX	X(S) TO INDICATE NATU	RE OF NOTICE, REPO	RT, OR OTHER DA	\TA				
TYPE OF SUBMISSION	TYPE OF ACTION							
Notice of Intent	Acidize	Deepen	Production ( Sta	rt/ Resume)	Water Shut-off			
	Altering Casing	Fracture Treat	Reclamation		Well Integrity			
X Subsequent Report	Casing Repair	New Construction	Recomplete		Other			
	Change Plans	Plug and abandon	Temporarily Ab	andon .				
Final Abandonment Notice	Convert to Injection	Plug back	X Water Disposal					
13. Describe Proposed or Completed			_	• • •	4.4			

Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 Notice shall be filed only after all requirements, including reclamantion, have been completed, and the operator has

determined that the site is ready for final inspection.)

## Required Information for the Disposal of Produced Water:

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1000 BWPD
- 3) How water is stored on lease: 1 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Pipeline
- 5) Disposal Facility:
  - a) Facility Operator Name: COG Operating LLC
  - b) Name of facility or well name & number: Lusk Deep Unit A 19 SWD (Order SWD-821)
  - c) Type of facility or well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: SESW, Sec 17-T19S-R32E

14. I hereby certify that the foregoing is true and correct.							
Name (Printed/Typed)	Title:						
Stormi Davis	inte.	Regulatory	Analyst				L
Signature:	Date:	4/7/14	LACC	EPTED	FOR REC	ORD	
THIS SPACE FOR FEDE	RAL	OR STATE O	FFICE U	6E		7	
Approved by:	Titl	e:			Date:		
Conditions of approval, if any are attached. Approval of this notice does not warran certify that the applicant holds legal or equitable title to those rights in the subject I which would entitle the applicant to conduct operations then	it or lease Off reon.	ice: W		20	7 2014	2-	
Title 18 U.S.C. Section 1001 AND Title 43 U.S.C. Section 1212, make it a crim States any false, fictitiousor fraudulent statements or representations as to any matter within its					ID MANAGEM		the United
(Instructions on page 2)	•			CARLSBAD	FIELD OFFICE		
				AUG 1	5 2014		•