

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED  
OMB No. 1004-0137  
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.*

5. Lease Serial No. NMNM134228

6. If Indian, Allottee, or Tribe Name \_\_\_\_\_

7. If Unit or CA. Agreement Name and/or No. \_\_\_\_\_

8. Well Name and No. Dorothy McKay Federal #2

9. API Well No. 30-025-35490

10. Field and Pool or Exploratory Area Lusk; Bone Spring

11. County or Parish, State Lea NM

**SUBMIT IN TRIPLICATE - Other Instructions on page 2.**

SEP 22 2014

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator COG Operating, LLC    Contact: Melanie Parker  
 Email: mparker@concho.com

3a. Address 2208 W. Main Street  
Artesia, NM 88210

3b. Phone No. (include area code) 575-748-6940

4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T19S R32E 1980' FSL & 660' FWL

Lat. \_\_\_\_\_  
 Long. \_\_\_\_\_

RECEIVED

12. CHECK APPROPRIATE BOX(S) 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"/> Altering 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	X Other <u>Site Facility</u>
	<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 recomplate horizontally, give subsurface locations and measured and true vertical depths or pertinent markers and sands. 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.)

Please see attached Site Facility diagram

Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.

Date: 9/16/14  
*[Signature]*

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

Name (Printed/ Typed)

Eric Conklin

Title: Regulatory Technician

Signature: *[Signature]*

Date: 2/11/14

**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.

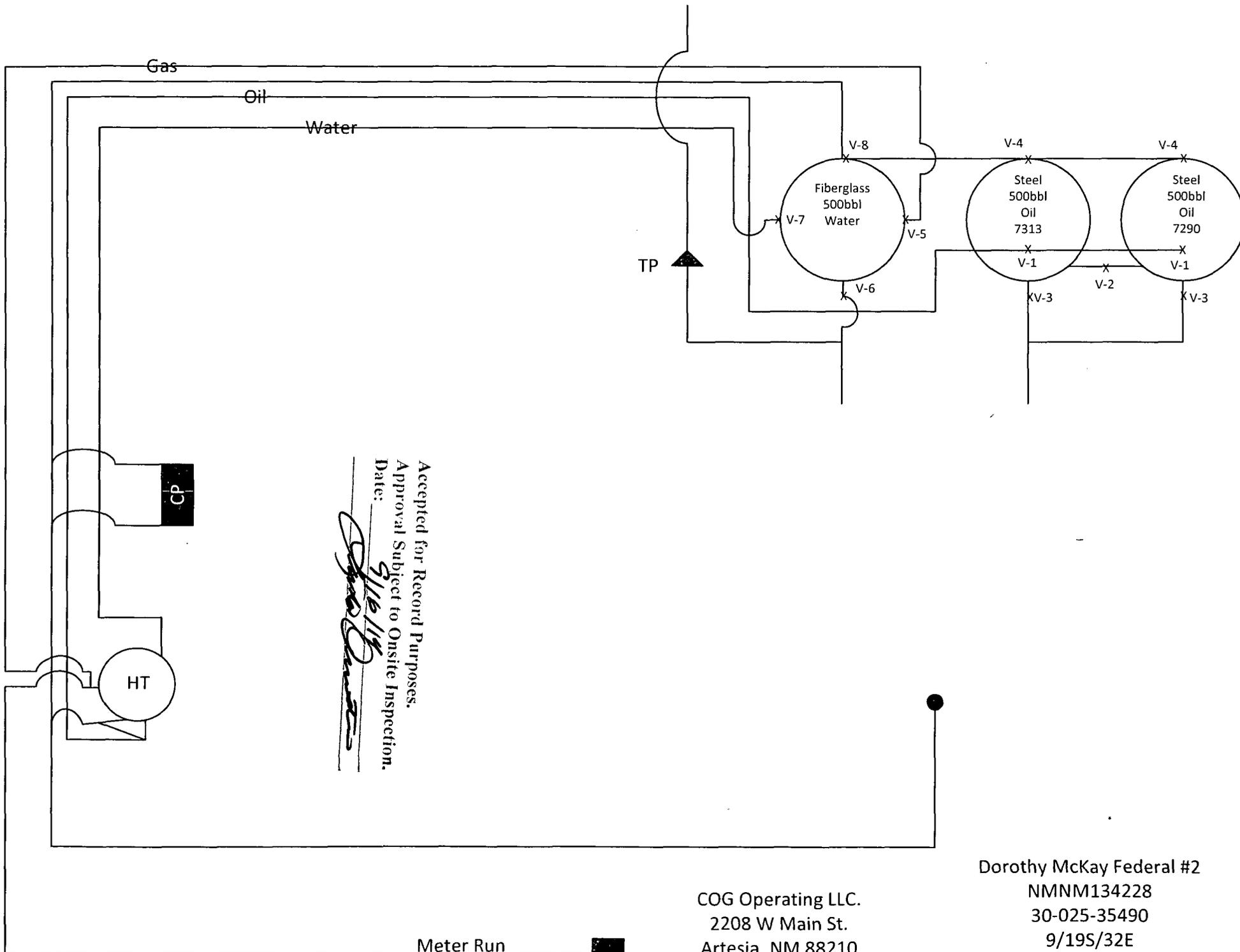
Office:

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 any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

(Instructions on page 2)

SEP 22 2014

*[Handwritten mark]*



Accepted for Record Purposes.  
 Approval Subject to Onsite Inspection.  
 Date: 3/16/14  
*[Signature]*

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

Dorothy McKay Federal #2  
 NMNM134228  
 30-025-35490  
 9/19S/32E  
 Lea, Co.



**COG Operating LLC**  
**Dorothy McKay Federal #2**  
**NMNM-134228**  
**30-025-35490**  
**Sec 9-T19S-R32E**  
**Lea County, NM**

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

- A. Valves #1,#2,#4,#5,#7 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 Open
  - 2. Valve#2, #3 and #4 Closed and Sealed

**Production Phase (OT #2)**

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

**Sales Phase (OT#2)**

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