

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.*

5. Lease Serial No.  
NMNM107392

6. If Indian, Allottee or Tribe Name

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side** NOV 10 2014

1. Type of Well  
 Oil Well  Gas Well  Other

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

3a. Address  
ONE CONCHO CENTER 600 W ILLINOIS AVENUE  
MIDLAND, TX 79701-4287

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

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 6 T20S R32E Lot 3 330FNL 2020FWL

8. Well Name and No.  
NIGHTCAP 6 FEDERAL COM 3H

9. API Well No.  
30-025-41589-00-X1

10. Field and Pool, or Exploratory  
LUSK

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

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 Change to Original A PD
	<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.)

COG Operating LLC, respectfully requests a variance to install a flexible choke line instead of a straight choke line prescribed in Onshore Order No. 2, III.A.2.b Minimum standards and enforcement provisions for choke manifold equipment. This request is made under the provision of Onshore Order No. 2, IV Variances from Minimum Standard. The rig to be used to drill this well is equipped with a flexible choke line therefore request the variance be approved if it is determined that the proposed alternative meets the objectives of the applicable minimum standards.

**SEE ATTACHED FOR  
CONDITIONS OF APPROVAL**

Justifications

Use of the flexible choke line will reduce the number of target tees required to make up from the choke line valve to the choke manifold. This configuration will facilitate ease of rig up and BOPE Testing.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #276482 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by JENNIFER MASON on 11/06/2014 (15JAM0014SE)**

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

Signature (Electronic Submission) Date 11/06/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By \_\_\_\_\_ Title \_\_\_\_\_

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 \_\_\_\_\_  
NOV 6 2014  
BUREAU OF LAND MANAGEMENT

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 \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

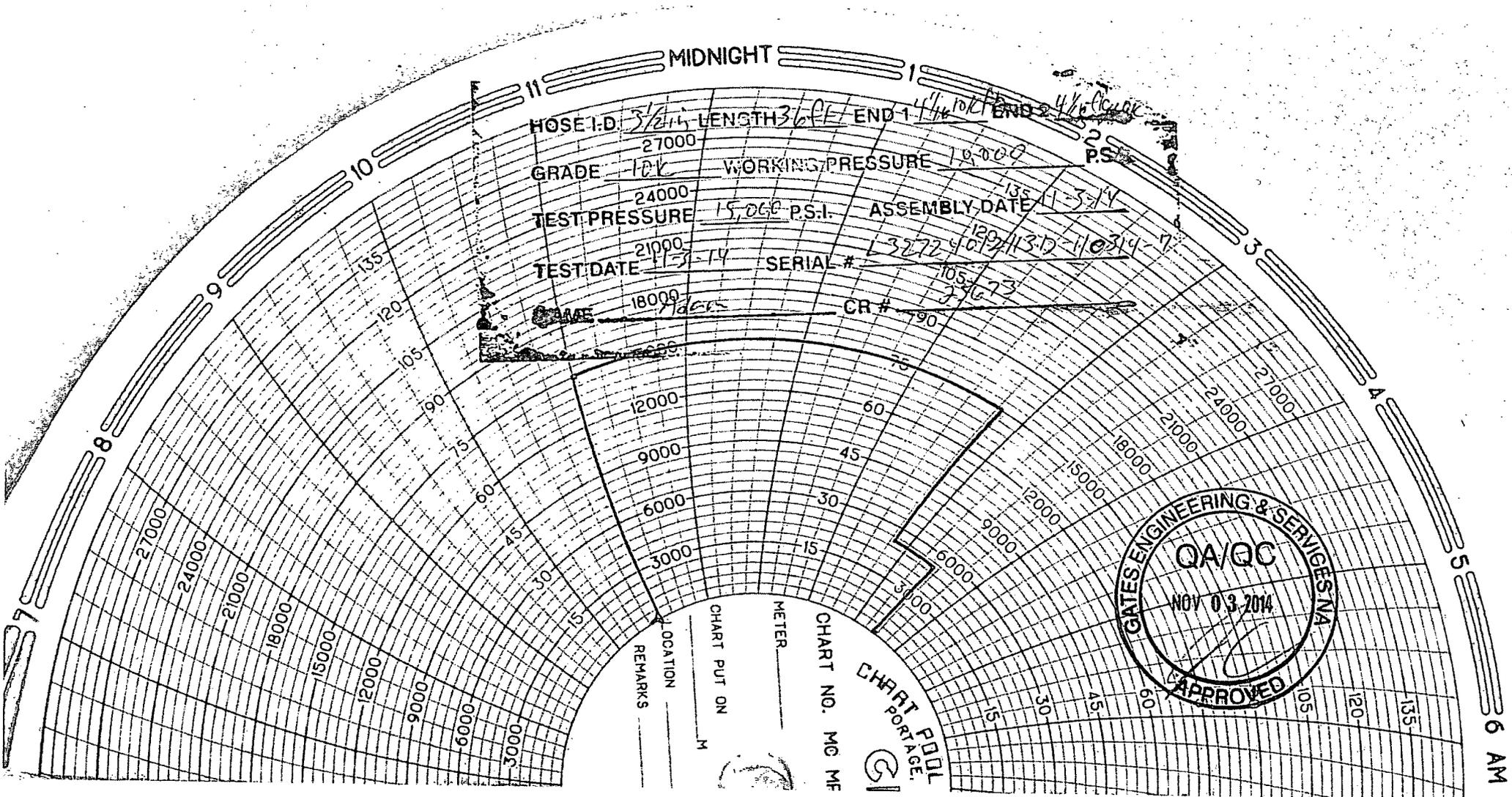
NOV 12 2014

**Additional data for EC transaction #276482 that would not fit on the form**

**32. Additional remarks, continued**

Attachments:

Attachment #1: Specification from Manufacturer, Mill and Test Certification



HOSE I.D. 3/2 in LENGTH 36 ft END 1 4 1/2 in O.D. END 2 4 1/2 in O.D.

GRADE 10K WORKING PRESSURE 12,000 PS

TEST PRESSURE 15,000 PS-I ASSEMBLY DATE 1-3-14

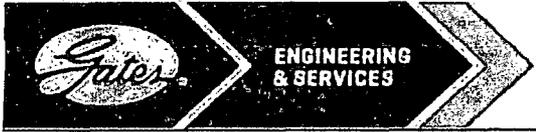
TEST DATE 1-3-14 SERIAL # L32724012/13.12-110314-7

NAME Aders CR # 77673



REMARKS \_\_\_\_\_  
 LOCATION \_\_\_\_\_  
 METER \_\_\_\_\_  
 CHART PUT ON \_\_\_\_\_  
 CHART NO. \_\_\_\_\_  
 MO ME \_\_\_\_\_  
 CHART PORTAGE: 

6 AM



**GATES E & S NORTH AMERICA, INC.**  
**134 44TH STREET**  
**CORPUS CHRISTI, TEXAS 78405**

**PHONE: 361-887-9807**  
**FAX: 361-887-0812**  
**EMAIL: Tim.Cantu@gates.com**  
**WEB: www.gates.com**

**10K CHOKE & KILL ASSEMBLY PRESSURE TEST CERTIFICATE**

Customer :	AUSTIN DISTRIBUTUNG	Test Date:	11/3/2014
Customer Ref. :	4055857	Hose Serial No.:	D-110314-7
Invoice No. :	204799	Created By:	NORMA MATA

Product Description: 10K3.536.0CK4.1/1610KFLGE/E L/E

End Fitting 1 :	10K 4.1/16 FLG	End Fitting 2 :	10K 4.1/16-FLG
Gates Part No. :	4774-8001	Assembly Code :	L32724012113D-110314-7
Working Pressure :	10,000 PSI	Test Pressure :	15,000 PSI

Gates E & S North America, Inc. certifies that the following hose assembly has been tested to the Gates Oilfield Roughneck Agreement/Specification requirements and passed the 15 minute hydrostatic test per API Spec 7K/Q1, Fifth Edition, June 2010, Test pressure 9.6.7 and per Table 9 to 15,000 psi in accordance with this product number. Hose burst pressure 9.6.7.2 exceeds the minimum of 2.5 times the working pressure per Table 9.

Quality Manager :	QUALITY
Date :	11/3/2014
Signature :	<i>Justin Chappin</i>

Technical Supervisor :	PRODUCTION
Date :	11/3/2014
Signature :	<i>[Signature]</i>



Gates E&S North America, Inc.

134 - 44th St.

CORPUS CHRISTI, TEXAS 78405

PHONE : (361) 887-9807

FAX: (361) 887-0812

Tim.Cantu@gates.com

# CERTIFICATE OF CONFORMANCE

This is to verify that all Parts and/or Materials included in this shipment have been manufactured and/or processed in Conformance with applicable drawings and specifications, and that Records of Required Tests are on file and subject to examination. The following items were assembled at Gates E & S, North America Inc., facilities in Corpus Christi, TX, USA. This hose assembly was designed and manufactured to meet all the requirements of API Spec 7K.

**CUSTOMER:** AUSTIN DISTRIBUTUNG

**CUSTOMERS P.O.#:** 4055857

**PART DESCRIPTION:** 10K3.536.0CK4.1/1610KFLGE/E L/E

**SALES ORDER #:** 204799

**QUANTITY:** 1

**SERIAL #:** D-110314-7

**SIGNATURE:**

**TITLE:**

**QUALITY**

**DATE:**

11/3/2014





# PACKING LIST

Gates E&S North America  
 134 - 44th St.  
 CORPUS CHRISTI, TEXAS 78405  
 PHONE : (361) 887-9807  
 FAX: (361) 887-0812  
[Tim.Cantu@gates.com](mailto:Tim.Cantu@gates.com)

**CUSTOMER. :** AUSTIN DISTRIBUTUNG  
**PURCHASE ORDER # :** 4055857  
**DATE :** 11/3/2014  
**SALES ORDER #:** 204799

**SOLD TO:** AUSTIN DISTRIBUTING  
 P.O BOX 7890  
 AMARILLO, TEXAS  
 79114

**SHIP TO:** AUSTIN DISTRIBUTING  
 14210 W. HWY 80 EAST  
 ODESSA, TX  
 79765

**PACKAGING:** PALLET

**PRODUCT DESCRIPTION:**

ITEM	QTY	DESCRIPTION	ID	LENGTH	WORKING	TEST	END CONNECTION	SAFETY CLAMPS / LIFT EYES
1	1	10K3.536.0CK4.1/161 OKFLGE/E L/E	3.5 in.	36 ft.	10,000 PSI	15,000 PSI	10K 4.1/16 FLG E/E	LE
<b>COMMENTS:</b>		CRATE DIMENSIONS:						
		HOSE WEIGHT:      CRATE WEIGHT:						
		TOTAL WEIGHT:						

PECOS DISTRICT  
CONDITIONS OF APPROVAL

OPERATOR'S NAME:	COG Operating, LLC
LEASE NO.:	NMNM-107392
WELL NAME & NO.:	Nightcap 6 Federal 3H
SURFACE HOLE FOOTAGE:	0330' FNL & 2020' FWL
BOTTOM HOLE FOOTAGE:	0330' FSL & 1980' FWL
LOCATION:	Section 06, T. 20 S., R 32 E., NMPM
COUNTY:	Lea County, New Mexico
API:	30-025-41589

**Original COAs along with any sundries still stand:**

1. 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. These documents shall be posted in the company man's trailer and on the rig floor.** 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).

JAM 110614