

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs **HOBBSOCD**

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

FEB 12 2015

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.

RECEIVED

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. NMNM120907
2. Name of Operator COG PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6945	8. Well Name and No. GADWALL 35 FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R32E SWSE 0190FSL 1795FEL 32.167234 N Lat, 103.642247 W Lon		9. API Well No. 30-025-41813-00-X1
		10. Field and Pool, or Exploratory WC-025 G07 S243225 LA 724 BS GLWA BS
		11. County or Parish, and State LEA COUNTY, NM

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	
	<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 recompleat 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 recompleat 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 for the following name change to the original approved APD.

From: Gadwall 35 Federal #2H

To: Eider Federal #2H

OPER. OGRID NO. 217955
PROPERTY NO. 314193
POOL CODE 9964
EFF. DATE 2/6/2015
API NO. 30-025-41813

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #285502 verified by the BLM Well Information System
For COG PRODUCTION LLC, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER MASON on 02/06/2015 (15JAM0071SE)

Name (Printed/Typed) MAYTE X REYES	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 12/17/2014

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	Date <u>FEB 6 2015</u>
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 BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE		

APPROVED
FEB 6 2015
[Signature]

E-PERMITTING

P&A NR _____ P&A R _____
INT to P&A _____
CSNG _____ CHG Loc _____
TA _____ Prop Name & Code CHG *Ke*

for any person knowingly and willfully to make to any department or agency of the United matter within its jurisdiction.

BLM REVISED ** BLM REVISED ** BLM REVISED **

FEB 17 2015

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