

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. NMLC029405B |
| 2. Name of Operator COG OPERATING LLC | 6. If Indian, Allottee or Tribe Name |
| 3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287 | 7. If Unit or CA/Agreement, Name and/or No. |
| 3b. Phone No. (include area code) Ph: 432-687-3033 | 8. Well Name and No. GC FEDERAL 11 |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T17S R32E NESE 1550FSL 660FEL 32.817043 N Lat, 103.798840 W Lon | 9. API Well No. 30-025-38994-00-S1 |
| | 10. Field and Pool, or Exploratory MALJAMAR |
| | 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 type="checkbox"/> Notice of Intent | <input type="checkbox"/> Acidize | <input type="checkbox"/> Deepen | <input type="checkbox"/> Production (Start/Resume) | <input type="checkbox"/> |
| <input checked="" type="checkbox"/> Subsequent Report | <input type="checkbox"/> Alter Casing | <input type="checkbox"/> Fracture Treat | <input type="checkbox"/> Reclamation | <input type="checkbox"/> |
| <input type="checkbox"/> Final Abandonment Notice | <input type="checkbox"/> Casing Repair | <input type="checkbox"/> New Construction | <input type="checkbox"/> Recomplete | <input type="checkbox"/> |
| | <input type="checkbox"/> Change Plans | <input checked="" type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | <input type="checkbox"/> |
| | <input type="checkbox"/> Convert to Injection | <input type="checkbox"/> Plug Back | <input type="checkbox"/> Water Disposal | <input type="checkbox"/> |

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate If the proposal is to deepen directionally or recomple horizontally, give subsurface locations and measured and true vertical depths of all pertinent n 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 following completion of the involved operations. If the operation results in a multiple completion or recomple in a new interval, a Form 3160-4 s testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and t determined that the site is ready for final inspection.)

12/16/14: SET 5-1/2" CIBP @ 5,850'; CIRC. WELL W/ PXA MUD.
12/17/14: PUMP 25 SXS.CMT. @ 5,850'-5,700'; SET 5-1/2"CIBP @ 5,400'; PRES. TEST CSG.TO 500#-HELD
OK; PUMP 30 SXS.CMT. @ 5,400'-5,210'; PUMP 25 SXS.CMT. @ 3,727'.
12/18/14: TAG CMT. @ 2,048'; DRILL OUT CMT. PLUG @ 2,048'-2,840'(PER BLM); TAG CMT. PLUG PUMP @
3,727' @ 3,590'(OK'D BY BLM).
12/20/14: SET 5-1/2" CIBP @ 3,246'(PER BLM); PUMP 50 SXS.CMT. @ 3,246'(PER BLM); PUMP 50 SXS.CMT. @
2,225'; WOC.
12/21/14: TAG CMT. PLUG @ 1,890'(OK'D BY BLM); PUMP 120 SXS.CMT. @ 900'; WOC.
12/22/14: TAG CMT. @ 271'; MIX X CIRC. TO SURF. 40 SXS.CMT. @ 271'-3'; DIG OUT X CUT OFF WELLHEAD
3' B.G.L.; WELD ON STEEL PLATE TO CSGS. X INSTALL GROUND LEVEL DRY HOLE MARKER.
WELL PLUGGED AND ABANDONED 12/22/14.

Accepted as to plugging of the well bore.
Liability under bond is retained until
Surface restoration is completed.

| | |
|--|--|
| 14. I hereby certify that the foregoing is true and correct. Electronic Submission #286322 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by JIM AMOS on 01/13/2015 (15JA0010SE) | RECLAMATION DUE 6-20-15 |
| Name (Printed/Typed) DAVID A EYLER | Title AGENT |
| Signature (Electronic Submission) | Date 12/26/2014 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

| | | |
|---|---------------------------------------|-----------------|
| Approved By ACCEPTED | JAMES A AMOS Title SUPERVISORY PET | Date 01/30/2015 |
| 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 Hobbs |

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 **

MJB/OCD 2/16/2015

FEB 17 2015

jm