

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.*

**WELLS**  
**HOOD Copy**

5. Lease Serial No.  
NMNM2386A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.  
NMNM70796X

8. Well Name and No.  
BRINNINSTOOL UNIT 4H

9. API Well No.  
30-025-41803

10. Field and Pool, or Exploratory  
CRUZ; BONE SPRING

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

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC  
Contact: STORMI DAVIS  
E-Mail: sdavis@concho.com

3a. Address  
2208 WEST MAIN  
ARTESIA, NM 88210

3b. Phone No. (include area code)  
Ph: 575-748-6946

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 20 T23S R33E Mer NMP SESE 330FSL 752FEL

**HOBBS OCD**

**MAY 19 2015**

**RECEIVED**

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Fracture Treat
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Plug and Abandon
	<input type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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 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.)

2/26/15 to 3/7/15 MIRU. Load & test 7" annulus to 1500#. Test csg to 8500# for 15 mins. Good test. Clean out to LC @ 15335'. Test csg to 8500#. Good test. Perforate 15290-15300' (60). Pump injection test.

3/16/15 to 3/23/15 Set CBP @ 15265'. Test to 6000#. Good test. Perforate Bone Spring 11231-15240' (756). Acdz w/122109 gal 7 1/2% acid. Frac w/6500507# sand & 6941240 gal fluid.

3/31/15 to 4/1/15 Set 2 7/8" 6.5# L-80 tbg @ 10481' & pkr @ 10471'. Test csg to 1500#. Good test.

4/2/15 Began flowing back & testing.

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

**Electronic Submission #299151 verified by the BLM Well Information System**  
**For COG OPERATING LLC, sent to the Hobbs**  
**Committed to AFMSS for processing by LINDA JIMENEZ on 04/30/2015**

Name (Printed/Typed) STORMI DAVIS Title PREPARED FOR RECORD

Signature (Electronic Submission) Date 04/23/2015

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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

Office BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD 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 to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

**\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\***

**MAY 19 2015**

**Additional data for EC transaction #299151 that would not fit on the form**

**32. Additional remarks, continued**

4/4/15 Date of first production.