

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<br><input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other | 8. Well Name and No.<br>KING TUT FEDERAL 2H ✓               |
| 2. Name of Operator<br>COG PRODUCTION LLC<br>Contact: STORMI DAVIS<br>E-Mail: sdavis@concho.com                                  | 9. API Well No.<br>30-025-41558 ✓                           |
| 3a. Address<br>2208 WEST MAIN<br>ARTESIA, NM 88210   | 10. Field and Pool, or Exploratory<br>COTTON DRAW; DELAWARE |
| 3b. Phone No. (include area code)<br>Ph: 575-748-6946  | 11. County or Parish, and State<br>LEA COUNTY, NM           |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br>Sec 30 T24S R32E Mer NMP NENW 190FNL 1650FWL ✓         |   |

JUN 29 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"/> Alter Casing              |
|   | <input type="checkbox"/> Fracture Treat            |
|   | <input type="checkbox"/> Casing Repair             |
|   | <input type="checkbox"/> New Construction          |
|   | <input type="checkbox"/> Change Plans              |
|   | <input type="checkbox"/> Plug and Abandon          |
|   | <input type="checkbox"/> Convert to Injection      |
|   | <input type="checkbox"/> Plug Back                 |
|   | <input type="checkbox"/> Production (Start/Resume) |
|   | <input type="checkbox"/> Reclamation               |
|   | <input type="checkbox"/> Recomplete                |
|   | <input type="checkbox"/> Temporarily Abandon       |
|   | <input checked="" type="checkbox"/> Water Disposal |
|   | <input type="checkbox"/> Water Shut-Off            |
|   | <input type="checkbox"/> Well Integrity            |
|   | <input type="checkbox"/> Other                     |

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.)

- 1) Name of formation producing water on lease: Delaware
- 2) Amount of water produced in barrels per day: 3100 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Trucked
- 5) Disposal Facility #1:
  - a) Facility Operator Name: COG Operating LLC
  - b) Name of facility or well name & number: Paduca SWD #1 (SWD-1264) ✓
  - c) Type of facility or well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: SENE, Sec 22-T25S-R32

Disposal Facility #2:  
a) Facility Operator Name: COG Operating LLC

SEE ATTACHED FOR  
CONDITIONS OF APPROVAL

|  |                 |
|--|-----------------|
| 14. I hereby certify that the foregoing is true and correct.<br><b>Electronic Submission #291242 verified by the BLM Well Information System<br/>For COG PRODUCTION LLC, sent to the Hobbs<br/>Committed to AFMSS for processing by LINDA JIMENEZ on 02/23/2015 ()</b> |                 |
| Name (Printed/Typed) STORMI DAVIS  | Title PREPARER  |
| Signature (Electronic Submission)  | Date 02/11/2015 |
| <b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>  |                 |
| 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   |                 |
| JUN 23 2015  |                 |
| JAMES A. AMOS<br>SUPERVISOR EPS  |                 |

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 \*\***

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**Additional data for EC transaction #291242 that would not fit on the form**

**32. Additional remarks, continued**

- b) Name of facility or well name & number: Pintail 3 Federal SWD #1 (SWD-1396) ✓
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: NWSE, Sec 3-T26S-R32E

**Disposal Facility #3:**

- a) Facility Operator Name: COG Operating LLC
- b) Name of facility or well name & number: Eata Fajita 8 State SWD #1 (SWD:1361) ✓
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Section, Township & Range: SENW, Sec 8-T24S-R33E

BUREAU OF LAND MANAGEMENT

Carlsbad Field Office  
620 East Greene Street  
Carlsbad, New Mexico 88220  
575-234-5972

Disposal of Produced Water From Federal Wells  
Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency shall be notified of any change in your method or location of disposal.
2. Compliance with all provisions of Onshore Order No. 7.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
7. If water is transported via a pipeline that extends beyond the lease boundary, then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
8. Disposal at any other site will require prior approval.
9. Subject to like approval by NMOCD.

7/10/14