

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.**

5. Lease Serial No.  
NMNM0315712

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
SNEED 9 FEDERAL COM 1H

9. API Well No.  
30-025-41489

10. Field and Pool, or Exploratory  
MALJAMAR; YESO, WEST

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

HOBBSCOCD  
OCT 16 2015  
RECEIVED

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC  
Contact: ROBYN ODOM  
E-Mail: rodom@concho.com

3a. Address  
ONE CONCHO CENTER 600 W. ILLINOIS AVE  
MIDLAND, TX 79701

3b. Phone No. (include area code)  
Ph: 432-685-4385

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 9 T17S R32E 330FNL 150FWL

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 APD
	<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 two year extension to the APD scheduled to expire 10/31/2015.

APPROVED FOR 24 MONTH PERIOD  
ENDING 10-31-2017

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

Electronic Submission #318345 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by LINDA JIMENEZ on 10/05/2015 ()

Name (Printed/Typed) ROBYN ODOM Title PERSON RESPONSIBLE

Signature (Electronic Submission) Date 10/01/2015

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By J. P. 2 Kittlock Title LPET Date 10/8/15

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 (FO) KZ

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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