

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

NMOCD  
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. NMNM120907
2. Name of Operator COG PRODUCTION LLC ✓	6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com	7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	8. Well Name and No. GADWALL 35 FEDERAL 5H ✓
3b. Phone No. (include area code) Ph: 575-748-6946	9. API Well No. 30-025-42291 ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 35 T24S R32E Mer NMP SESE 190FSL 380FEL ✓	10. Field and Pool, or Exploratory WILDCAT; BONE SPRING
	11. County or Parish, and State LEA COUNTY, NM

HOBBS OGD

NOV 30 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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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	Production Start-up
	<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.)

3/20/15 Gas connected to sales.

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #295945 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by LINDA JIMENEZ on 05/05/2015 ()	
Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 03/24/2015
<b>THIS SPACE FOR FEDERAL OR STATE OFFICE USE</b>	
Approved By _____	Title _____ Date _____
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 _____
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.	

ACCEPTED FOR RECORD  
NOV 30 2015  
BUREAU OF LAND MANAGEMENT  
CARLSBAD FIELD OFFICE

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

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