

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.

5. Lease Serial No.
NMNM19859

6. If Indian, Allottee or Tribe Name

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

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		8. Well Name and No. MONET FEDERAL 8H
2. Name of Operator COG OPERATING LLC ✓ Contact: MAYTE X REYES E-Mail: mreyes1@concho.com		9. API Well No. 30-025-42765 ✓
3a. Address 2208 WEST MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6945	10. Field and Pool, or Exploratory RED HILLS; U BS SHALE
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 4 T25S R33E NENW 190FNL 2130FWL ✓		11. County or Parish, and State LEA COUNTY, NM

BBS OCD
 JAN 19 2016
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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 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 Change to Original A PD
	<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 approval to replace the Flex Hose Variance report to the original approved APD.

Flex Hose Variance attached.

ORIGINAL COA
STILL APPLY.

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #328258 verified by the BLM Well Information System
 For COG OPERATING LLC, sent to the Hobbs
 Committed to AFMSS for processing by KENNETH RENNICK on 01/12/2016 ()**

Name (Printed/Typed) MAYTE X REYES	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/11/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

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 _____

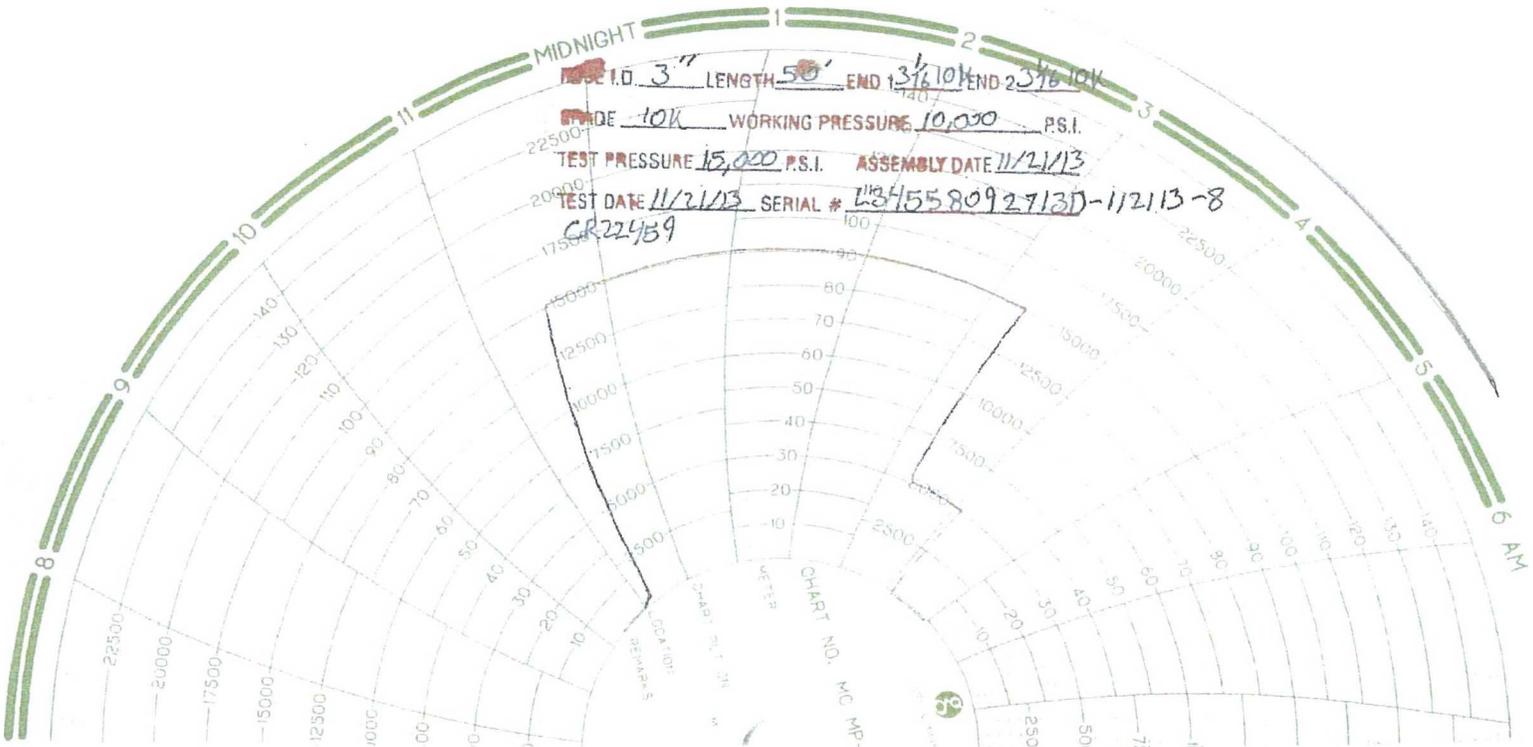
APPROVED
 Kenneth Rennick
 PETROLEUM ENGINEER
 JAN 12 2016
 BUREAU OF LAND MANAGEMENT
 CARLSBAD FIELD OFFICE

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 ****

PETROLEUM ENGINEER
 JAN 22 2016

[Handwritten initials]



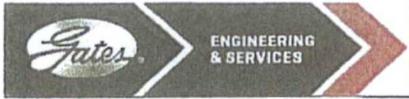
I.D. 3" LENGTH 50' END 1 3/4 10K END 2 3/4 10K

GRADE 10K WORKING PRESSURE 10,000 P.S.I.

TEST PRESSURE 15,000 P.S.I. ASSEMBLY DATE 11/21/13

TEST DATE 11/21/13 SERIAL # L34558092713D-112113-8
CR22459

CHART NO. MC MB-
38



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GATES E & S NORTH AMERICA, INC
DU-TEX
134 44TH STREET
CORPUS CHRISTI, TEXAS 78405

PHONE: 361-887-9807
FAX: 361-887-0812
EMAIL: crpe&s@gates.com
WEB: www.gates.com

10K CHOKE & KILL ASSEMBLY PRESSURE TEST CERTIFICATE

Customer :	SPECIALTY SALES, INC.	Test Date:	11/21/2013
Customer Ref. :	49680-S	Hose Serial No.:	D-112113-8
Invoice No. :	197465	Created By:	Norma M.

Product Description: 10K3.050.0CK31/1610KFLGE/E

End Fitting 1 :	3 1/16 10K FLG	End Fitting 2 :	3 1/16 10K FLG
Gates Part No. :	47773-4290	Assembly Code :	L34558092713D-112113-8
Working Pressure :	10,000 PSI	Test Pressure :	15,000 PSI

Gates E & S North America, Inc. certifies that the following hose assembly has been tested to the Gates Oilfield Roughneck Agreement/Specification requirements and passed the 15 minute hydrostatic test per API Spec 7K/Q1, Fifth Edition, June 2010, Test pressure 9.6.7 and per Table 9 to 15,000 psi in accordance with this product number. Hose burst pressure 9.6.7.2 exceeds the minimum of 2.5 times the working pressure per Table 9.

Quality Manager :

QUALITY
11/22/2013

Technical Supervisor :

PRODUCTION
11/21/2013

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