

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

I & E

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. NMNM0315712 |
| 2. Name of Operator COG OPERATING LLC | | 6. If Indian, Allottee or Tribe Name |
| Contact: KELLY J HOLLY E-Mail: kholly@concho.com | | 7. If Unit or CA/Agreement, Name and/or No. |
| 3a. Address 600 W ILLINOIS AVE MIDLAND, TX 79701 | 3b. Phone No. (include area code) Ph: 432-685-4384 | 8. Well Name and No. SNEED 9 FEDERAL COM 1H |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 9 T17S R32E NWNW 330FNL 150FWL | | 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 |

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JAN 19 2016
RECEIVED

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 |
| | <input type="checkbox"/> Change Plans | <input type="checkbox"/> Plug and Abandon | <input type="checkbox"/> Temporarily Abandon | Change to Original A PD |
| | <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 permission to change the well number, TVD and BHL of this well as follows:

FROM: Sneed 9 Federal Com #1H
TO: Sneed 9 Federal Com #21H

FROM: 6626' TVD; 11,272' MD
TO: 6400' TVD; 12,288' MD

FROM: SHL: 330' FNL & 150' FWL, Sec 9 T17S R32E, UL D
BHL: 330' FNL & 330' FEL, Sec 9 T17S R32E, UL A
TO: SHL: 330' FNL & 150' FWL, Sec 9 T17S R32E, UL D

SHL will remain the same

Original COAs still stand.

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

**Electronic Submission #291131 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by LINDA JIMENEZ on 03/17/2015 ()**

| | |
|------------------------------------|-----------------------|
| Name (Printed/Typed) KELLY J HOLLY | Title PERMITTING TECH |
| Signature (Electronic Submission) | Date 02/10/2015 |

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

APPROVED
JAN 8 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

| | | |
|---|-------------|------------|
| 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.

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

dm

Additional data for EC transaction #291131 that would not fit on the form

32. Additional remarks, continued

BHL: 330' FNL & 988' FWL, Sec 10 T17S R32E, UL D

A revised C-102, directional plan & updated production casing and cement program are attached.