

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.

5. Lease Serial No.
NMNM19859

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
MONET FEDERAL 8H

9. API Well No.
30-025-42765-00-X1

10. Field and Pool, or Exploratory
RED HILLS

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

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG OPERATING LLC Contact: STORMI DAVIS

3a. Address
ONE CONCHO CENTER 600 W ILLINOIS AVENUE
MIDLAND, TX 79701-4287

3b. Phone No. (include area code)
Ph: 575.748.6946

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 4 T25S R33E Lot 3 190FNL 2130FWL

HOBBS OGD
JUN 20 2016
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	
	<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.)

3/16/16 to 3/18/16 Test annulus to 1500#. Good test. Perforate 13855-13865' (60). Injection test into perfs.

3/31/16 to 4/4/16 Perforate Bone Spring 9559-13815' (1008). Acdz w/86016 gal 7 1/2% acid; Frac w/8425459# sand & 7931490 gal fluid. SWI for offset frac.

4/22/16 to 4/25/16 Drilled out all CFP's. Clean down to PBD @ 13884'.
4/27/16 to 4/30/16 Set 2 7/8" 6.5# L-80 tbg @ 8874' & pkr @ 8854'. Installed gas-lift system. SWI - W/O gas line.

5/17/16 Began flowing back & testing.

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

**Electronic Submission #341638 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 06/14/2016 (16JAS0429SE)**

Name (Printed/Typed) STORMI DAVIS Title REGULATORY ANALYST

Signature (Electronic Submission) Date 06/10/2016

ACCEPTED FOR RECORD
JUN 14 2016
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____

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.

Additional data for EC transaction #341638 that would not fit on the form

32. Additional remarks, continued

5/18/16 Date of first production.