

**HOBBS OCD**

**OCD-HOBBS**

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB NO. 1004-0135  
Expires: July 31, 2010

SEP 06 2016

RECEIVED

**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 COM 9H

9. API Well No.  
30-025-42766

10. Field and Pool, or Exploratory  
RED HILLS; UP BONE SPRING

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  
E-Mail: sdavis@concho.com

3a. Address  
2208 WEST MAIN  
ARTESIA, NM 88210

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 Mer NMP NWNW 190FNL 1020FWL

**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 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 checked="" 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.)

**Required Information for the Disposal of Produced Water:**

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1200 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Trucked
- 5) Disposal Facility:
  - a) Facility Operator Name: Owl SWD Operating LLC
  - b) Name of facility or well name & number: Madera SWD #1 (SWD-1550)
  - c) Type of facility of well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: SESW, Sec 14-T24S-R34E

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #342687 verified by the BLM Well Information System  
 For COG OPERATING LLC, sent to the Hobbs  
 Committed to AFMSS for processing by PRISCILLA PEREZ on 06/21/2016 ( )**

Name (Printed/Typed) STORMI DAVIS Title PREPARER

Signature (Electronic Submission) Date 06/21/2016

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

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 \*\***

**Accepted for Record Only**

*MSB/OCD 9/7/2016*



**HOBBS OGD**  
**SEP 02 2016**  
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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
OMB No. 1004-0137  
Expires: October 31, 2014

**SUNDRY NOTICES AND REPORTS ON WELLS**

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*SUBMIT IN TRIPLICATE - Other instructions on page 2.*

5. Lease Serial No.  
NMNM073616

6. If Indian, Allottee or Tribe Name  
SW 478

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

8. Well Name and No.  
BAUM 6 COM #2 ✓

9. API Well No.  
30-025-28389 ✓

10. Field and Pool or Exploratory Area  
BAUM UPPER PENN

11. County or Parish, State  
LEA COUNTY NEW MEXICO

1. Type of Well  
 Oil Well     Gas Well     Other

2. Name of Operator  
G&G OIL AND GAS LLC ✓

3a. Address  
C/O OIL REPORTS & GAS SERVICES INC  
1008 W BROADWAY, HOBBS, NM 88240

3b. Phone No. (include area code)  
575-393-2727

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
1980 FNL & 660 FEL, SEC 6 T14S R33E Unit h ✓

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT OR OTHER DATA

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<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input type="checkbox"/> Other _____
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- MIRU PU
- POOH W/PROD EQUIP
- SET CIBP @ 9748, 50' ABOVE TOP PERF
- LOAD HOLE W/PKR FLUID, TEST TO 500#, HOLD FOR 30 MIN

**Accepted for Record Only**  
*Pending BLM Approval.*

14. I hereby certify that the foregoing is true and correct. Name (Printed/Typed)  
GAYE HEARD

Title AGENT

Signature *Gaye Heard* Date 08/29/2016

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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(Instructions on page 2)

**Accepted for Record Only**  
*MJB/ocd 9/7/2016*