

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.*

**SUBMIT IN TRIPLICATE - Other instructions on reverse side.**

- 5. Lease Serial No.  
NMNM119277
- 6. If Indian, Allottee or Tribe Name
- 7. If Unit or CA/Agreement, Name and/or No.  
NMNM134920
- 8. Well Name and No.  
BATTLE AXE FEDERAL COM 2H ✓
- 9. API Well No.  
30-025-41370-00-S1
- 10. Field and Pool, or Exploratory  
RED HILLS
- 11. County or Parish, and State  
LEA COUNTY, NM

HOBBS OCD  
APR 17 2017  
RECEIVED

- 1. Type of Well  
 Oil Well  Gas Well  Other
- 2. Name of Operator  
COG OPERATING LLC ✓ Contact: AMANDA AVERY  
E-Mail: aavery@concho.com
- 3a. Address  
ONE CONCHO CENTER 600 W ILLINOIS AVENUE  
MIDLAND, TX 79701-4287
- 3b. Phone No. (include area code)  
Ph: 575-748-6940
- 4. Location of Well (Footage, Sec., T, R, M., or Survey Description)  
Sec 2 T26S R33E SWNW 2260FNL 380FWL /  
31.421616 N Lat, 103.251211 W Lon

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	Site Facility Diagram/Security Plan
	<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 recomplate 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.)

Please see attached Facility Diagram.

ENTERED 2.5.17  
INTO AFMSS

Accepted for Record Purposes.  
Approval Subject to Onsite Inspection.  
Date: 2.5.17

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

**Electronic Submission #347918 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 09/08/2016 (16PP1080SE)**

Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 08/16/2016

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By <u>Ducher</u>	Title <u>EPS UE</u>	Date <u>2.5.17</u>
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 <u>CFO</u>	

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.

\*\* BLM REVISED \*\*

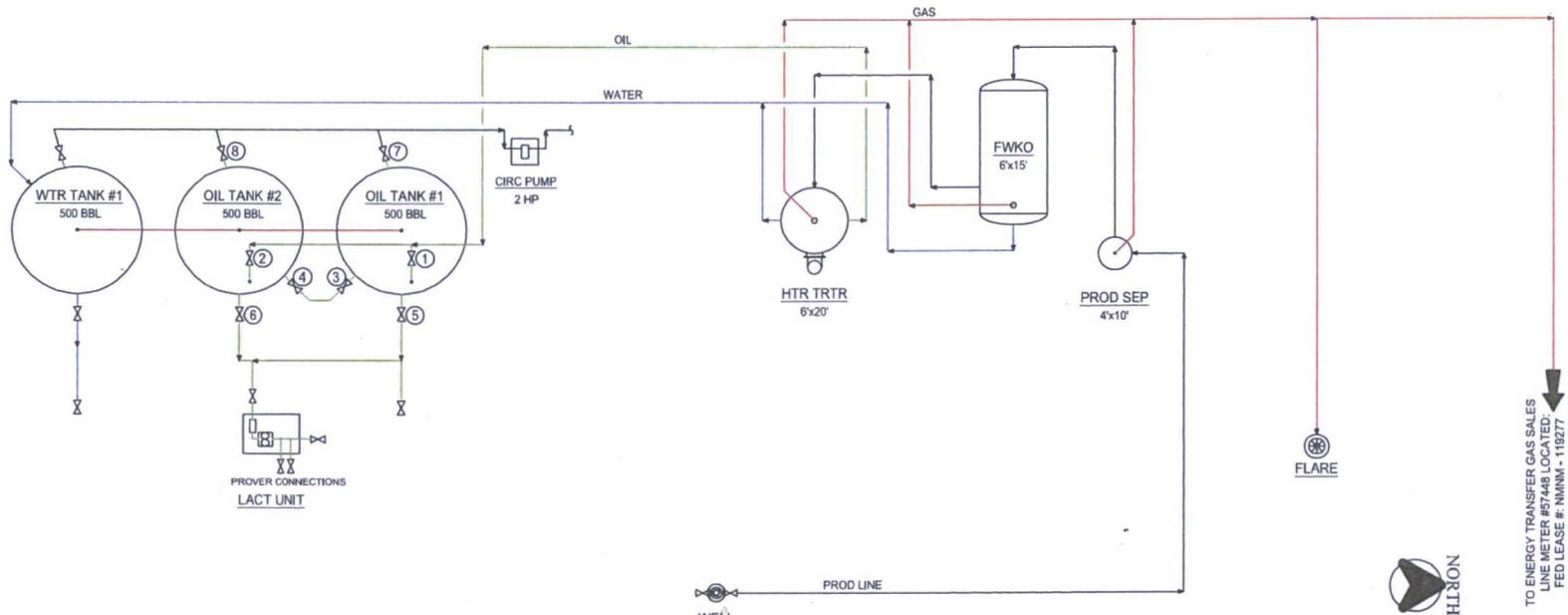
KZ

**BATTLE AXE FEDERAL COM 2H BATTERY**  
 SWNW SECTION 2, T26S, R33E, UNIT E  
 LEA COUNTY, NM

WELLS:  
 BATTLE AXE FEDERAL COM #002H: 30-025-41370

**Production Phase - Oil Tank #1**  
 - Valve 1 open  
 - Valve 2 closed  
 - Valves 3 and 4 open  
 - Valves 5 and 6 closed  
 - Valve 7 open  
 - Valve 8 closed

**Sales Phase - Oil Tank #1**  
 - Valve 1 closed  
 - Valve 2 open  
 - Valves 3 and 4 closed  
 - Valve 5 open  
 - Valve 6 closed  
 - Valve 7 closed  
 - Valve 8 open



COG Operating LLC  
 Site Security Plans Located At:  
 One Concho Center  
 600 W. Illinois Ave.  
 Midland, TX 79701

**Ledger for Site Diagram**  
 Produced Fluid: —  
 Produced Oil: —  
 Produced Gas: —  
 Produced Water: —

TO ENERGY TRANSFER GAS SALES  
 LINE METER #57448 LOCATED:  
 FED LEASE #: NMNM - 119277  
 NEWSW SEC 35, T26S, R33E, UNIT K

<b>NOTES:</b> Type of Lease: Federal Federal Lease #: NMNM - 119277 Property Code: 315077 OGRID #: 229137	<b>CONFIDENTIALITY NOTICE</b> THIS DRAWING IS PROPERTY OF COG OPERATING LLC AND IS LOANED TO THE BORROWER FOR CONFIDENTIAL USE ONLY AND IS SUBJECT TO RETURN UPON REQUEST AND SHALL NOT BE REPRODUCED, COPIED, LENT OR OTHERWISE DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE OTHER THAN THAT WHICH IT IS SPECIFICALLY FURNISHED.	<b>REFERENCE DRAWINGS</b>				<b>REVISIONS</b>				<b>ENGINEERING RECORD</b>			
		NO. TITLE A 08/01/12 ISSUE FOR SITE PERMITTING B 08/12/18 UPDATED FOR BATTLE AXE FED 2H BYT	NO. DATE DESCRIPTION BY CHK. APP. CRB CRB 08/01/12 CRB CRB 08/01/12	APPR: AFE NO: FACI ENGR: C. BLEDSOE OPER ENGR: VARIES SCALE: NONE		NEW MEXICO BASIN ASSET PRODUCTION FACILITIES SITE FACILITY DIAGRAM BATTLE AXE FEDERAL COM 2H BATTERY LEA COUNTY NEW MEXICO TOWNSHIP/RANGE MULTIPLE DWG NO. D-1700-81-005 REV B							

Accepted for Record Purposes.  
 Approval Subject to Onsite Inspection.  
 Date: \_\_\_\_\_