

NMOCD
 UNITED STATES
 DEPARTMENT OF THE INTERIOR
 BUREAU OF LAND MANAGEMENT

FORM APPROVED
 OMB NO. 1004-0137
 Expires: January 31, 2018

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 page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMLC029519A
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: CATHY SEELY E-Mail: cseely@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-1549	8. Well Name and No. MAS FEDERAL 3H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 34 T20S R34E NWNE 190FNL 2310FEL		9. API Well No. 30-025-42950
		10. Field and Pool or Exploratory Area BERRY
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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	Venting and/or Flaring
	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

ACTUAL GAS FLARE AT THE MAS FED 3H FROM 3/12/17 TO 6/10/17.

WELLS:
MAS FED 3H, 30-025-42950

MARCH: 613 MCF

APRIL: 336 MCF

MAY 12707 MCF

14. I hereby certify that the foregoing is true and correct.	
Electronic Submission #382993 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/08/2017 ()	
Name (Printed/Typed) CATHY SEELY	Title ENGINEERING TECH
Signature (Electronic Submission)	Date 07/28/2017
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
AUG 1 2017	
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 _____

ACCEPTED FOR RECORD
 AUG 1 2017
 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.

(Instructions on page 2)

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

Accepted for Record Only
 MJB/ocd 8/24/2017

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018

SUNDRY NOTICES AND REPORTS ON WELLS
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5. Lease Serial No.
NMLC062300

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

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

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
ARABIAN 30-19 FED COM 1H

2. Name of Operator
DEVON ENERGY PROD CO., L.P. Contact: LINDA GOOD
E-Mail: linda.good@dvn.com

9. API Well No.
30-025-43176

3a. Address
333 WEST SHERIDAN AVE.
OKLAHOMA CITY, OK 73102

3b. Phone No. (include area code)
Ph: 405-552-6558

10. Field and Pool or Exploratory Area
WC-025 G08 S253235; BS

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T25S R32E Mer NMP SWNW 2484FNL 599FWL

11. County or Parish, State
LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 Drilling Operations
	<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 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

(7/3/2017 - 7/6/2017) Spud @ 17:00. TD 17-1/2" hole @ 1061'. RIH w/23 jts 13-3/8" 54.50# J-55 BTC csg, set @ 1049'. Lead w/1090 sx CIC, yld 1.34, 14.80 cu ft/sk. Disp w/150 bbl Brine. Circ 98 bbl cmt to surf. PT BOPE 250/5000 psi, held each test for 10 min, OK. PT csg to 1500 psi for 30 min, good test.

(7/7/2017 - 7/10/2017) TD 12-1/4" hole @ 4345'. RIH w/102 jts 9-5/8" 40.00# J-55 BTC csg, set @ 4330'. Lead w/1315 sx CIC, yld 1.74, 12.90 cu ft/sx. Tail w/425 sx CIC, yld 1.33, 14.80 cu ft/sx. Disp w/325 bbl FW. Circ 190 bbl cmt to surf. PT BOPE 250/5000 psi, held each test for 15 min, OK. PT cst to 2765 psi for 30 min, good test.

(7/23/2017 - 7/25/2017) TD 8-3/4" hole @ 10,863' & 8-1/2" hole @ 17,876'. RYH w/437 jts 5-1/2" 17# P110RY CDC-HTQ csg, set @ 17,860'. Lead w/780 sx, yld 2.91, 11.00 cu ft/sx. Tail in w/1535

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

**Electronic Submission #383082 verified by the BLM Well Information System
For DEVON ENERGY PROD CO., L.P., sent to the/Hobbs
Committed to AFMSS for processing by JENNIFER SANCHEZ on 08/08/2017 ()**

Name (Printed/Typed) LINDA GOOD Title REGULATORY SPECIALIST

Signature (Electronic Submission) Date 07/31/2017



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.

Additional data for EC transaction #383082 that would not fit on the form

32. Additional remarks, continued

sx, yld 1.46, 13.20 cu ft/sx. Disp w/413 bbl FW. RR @ 20:00 hrs.
