

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NMOCD
Hobbs

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

HOBBS OCD
NOV 19 2017
RECEIVED

SDUNDRY 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

5. Lease Serial No.
NMNM120908

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
WINDWARD FEDERAL 5H

9. API Well No.
30-025-43174

10. Field and Pool or Exploratory Area
WILDCAT; BONE SPRING

11. County or Parish, State
LEA COUNTY, NM

1. Type of Well
 Oil Well Gas Well Other

2. Name of Operator
COG PRODUCTION 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 30 T24S R32E Mer NMP NWNW 210FNL 530FWL

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 checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input checked="" type="checkbox"/> Other
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<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 recompleat 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 recompleat 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.

1/9/17 to 4/4/17 Test csg to 8500# for 30 mins. Good test. Perf 19155-19165' (60). Injection test.

5/2/17 to 7/1/17 Ran CBL. TOC @ 4510'. Set CBP @ 19125'. Test to 8407#. Perf 9427-19105' (2816). Acdz w/94,665 gal 7 1/2% and 97,313 gal 15%; Frac w/19,206,407# sand & 23,813,408 gal fluid.

8/3/17 to 8/6/17 Drilled out CFP's. Clean down to CBP @ 19125'.

8/7/17 Set 2 7/8" 6.5# L-80 tbg @ 8773' & pkr @ 8756'. Installed gas-lift system.

8/20/17 Began flowing back & testing.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #391087 verified by the BLM Well Information System For COG PRODUCTION LLC, sent to the Hobbs Committed to AFMSS for processing by JENNIFER SANCHEZ on 10/11/2017 ()

Name (Printed/Typed) STORMI DAVIS Title PREPARER

Signature (Electronic Submission) Date 10/06/2017

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 _____

ACCEPTED FOR RECORD
OCT 11 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 ****

Additional data for EC transaction #391087 that would not fit on the form

32. Additional remarks, continued

8/21/17 Date of first production.