

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** **NMOC**  
*Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.* **HOBBS OGD**

5. Lease Serial No.  
NMNM112939

6. If Indian, Allottee or Tribe Name

**SUBMIT IN TRIPLICATE - Other instructions on page 2** **JAN 16 2018**

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

8. Well Name and No.  
BEVO 11 FEDERAL 4H

9. API Well No.  
30-025-41804

10. Field and Pool or Exploratory Area  
GRAMA RIDGE; BONE SPRING

11. County or Parish, State  
LEA COUNTY, NM

1. Type of Well  
 Oil Well  Gas Well  Other **RECEIVED**

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 11 T22S R33E Mer NMP SESE 700FSL 890FEL

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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Production Start-up
	<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.

12/6/17 Gas connected to sales line.

14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #397680 verified by the BLM Well Information System**  
**For COG OPERATING LLC, sent to the Hobbs**  
**Committed to AFMSS for processing by JENNIFER SANCHEZ on 12/20/2017 ()**

Name (Printed/Typed) STORMI DAVIS Title PREPARER  
 Signature (Electronic Submission) Date 12/12/2017

**ACCEPTED FOR RECORD**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE** **JAN 5 2018**

Approved By \_\_\_\_\_ Title \_\_\_\_\_  
 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 \_\_\_\_\_

**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**

*MRS/OCD 1/18/2018*