Form 3160-5 (June 2015)

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

OCD Hobbs

FORM APPROVED

Lease Serial No. NMNM13422B

	OMD NO. 1004-013
	Expires: January 31, 20
T	agga Carial No

SUNDRY NOTICES AND REPORTS ON WELLS

abandoned wel	6. If Indian, Allottee or	Tribe Name						
abandoned well. Use form 3160-3 (APD) for such proposals. SUBMIT IN TRIPLICATE - Other instructions on page 1. Type of Well 8. Well Name and No.								
1. Type of Well	8. Well Name and No.	/						
☑ Oil Well ☐ Gas Well ☐ Other FALCON FEDERAL 2 &								
Name of Operator COG OPERATING LLC	Contact: AM E-Mail: aavery@conch	ERY (*)		9. API Well No. 30-025-39009				
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	(include area code) 8-6940		10. Field and Pool or Exploratory Area LUSK; BONE SPRING, NORTH					
4. Location of Well (Footage, Sec., T	, R., M., or Survey Description)				11. County or Parish, S	tate		
Sec 9 T19S R32E 430FNL 23				LEA COUNTY, N	IM /			
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA								
TYPE OF SUBMISSION TYPE OF ACTION								
☐ Notice of Intent	☐ Acidize	☐ Deep	en	☐ Production (Start/Resume)		☐ Water Shut-Off		
	☐ Alter Casing	☐ Hydr	aulic Fracturing	☐ Reclama	ation	■ Well Integrity		
Subsequent Report	□ Casing Repair	□ New	Construction	☐ Recomp	lete	⊠ Other		
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug	and Abandon	☐ Tempor	arily Abandon	Site Facility Diagra m/Security Plan		
	□ Convert to Injection	Plug	Back	☐ Water Disposal				
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 Abandomment 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. Please see attached Facility Diagram. Accepted for Record Purposes. Approval Subject to Onsite Inspection. Date: 2-27-18 Dimektinney								
14. I hereby certify that the foregoing is true and correct. Electronic Submission #379427 verified by the BLM Well Information System								
For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 06/30/2017 ()								
Name (Printed/Typed) AMANDA	Title AUTHORIZED REPRESENTATIVE							
Signature (Electronic S	ubmission)	Date 06/21/20	17					
THIS SPACE FOR FEDERAL OR STATE OFFICE USE								
Approved By			Title			Date		
Conditions of approval, if any, are attached ertify that the applicant holds legal or equivirient would entitle the applicant to conduct the conduction of t	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.

