

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. NMNM120910
2. Name of Operator COG PRODUCTION LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. PINTAIL 3 FEDERAL 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T26S R32E SESE 330FSL 480FEL		9. API Well No. 30-025-40685-00-S1
		10. Field and Pool or Exploratory Area JENNINGS
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

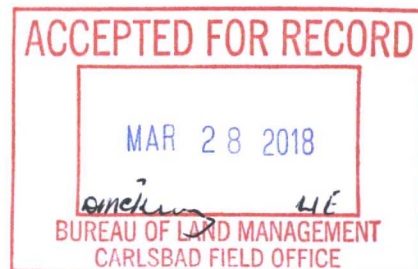
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Other
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back
	<input checked="" 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 recompletable 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 recompletable 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.

Due to necessary repairs on the current SWD, the produced water from this well will temporarily (apprx 30 days) be hauled to the following disposal wells:

Disposal Facility #1:
Facility Operator Name: Mesquite SWD, Inc.
Name of facility or well name & number: Paduca SWD #1 (SWD-1264)
Type of facility of well: WDW
Location by 1/4, 1/4, Section, Township & Range: SENE, 22-T25S-R32E

Disposal Facility #2:
Facility Operator Name: COG Operating LLC
Name of facility or well name & number: Eata Fajita 8 State SWD #1 (SWD-1361)



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

Electronic Submission #400460 verified by the BLM Well Information System
For COG PRODUCTION LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 01/30/2018 (18PP0529SE)

Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 01/11/2018

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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #400460 that would not fit on the form

32. Additional remarks, continued

Type of facility of well: WDW

Location by 1/4, 1/4, Section, Township & Range: SENW, 8-T24S-R33E

Disposal Facility #3:

Facility Operator Name: COG Operating LLC

Name of facility or well name & number: Gold Coast Federal SWD #1 (SWD-1391)

Type of facility of well: WDW

Location by 1/4, 1/4, Section, Township & Range: NESW, 26-T24S-R32E

Disposal Facility #4:

Facility Operator Name: COG Operating LLC

Name of facility or well name & number: Macho Nacho 7 State SWD #1 (SWD-1523)

Type of facility of well: WDW

Location by 1/4, 1/4, Section, Township & Range: SENW, 7-T24S-R33E

For future reference, in the event a temporary change of method or location of disposal is necessary, the produced water will be trucked to an authorized disposal well in the geographic vicinity.