

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD Hobbs

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.

HOBBS OCD
APR 24 2018
RECEIVED

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		3. Lease Serial No. NMNM077004
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: BOBBIE J GOODLOE E-Mail: bgoodloe@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVE MIDLAND, TX 79701	3b. Phone No. (include area code) Ph: 575-748-6952	8. Well Name and No. GERONIMO FEDERAL COM 11H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 19 T19S R33E Mer NMP SWSW 636FSL 411FWL		9. API Well No. 30-025-43503
		10. Field and Pool or Exploratory Area GEM-MORROW; BONE SPRING
		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 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	
	<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.

COG OPERATING LLC RESPECTFULLY REQUESTS DESIGNATION OF OIL FACILITY MEASUREMENT POINTS FOR OUR GERONIMO FEDERAL COM #11H BATTERY.

OIL FACILITY MEASUREMENT POINTS WILL BE METER #14443223 AND TANK #1 AT THE BATTERY.

SEE ATTACHED SITE FACILITY DIAGRAM



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

Electronic Submission #401099 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 03/01/2018 ()

Name (Printed/Typed) BOBBIE J GOODLOE	Title REGULATORY ANALYST
Signature (Electronic Submission)	Date 01/16/2018

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)

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

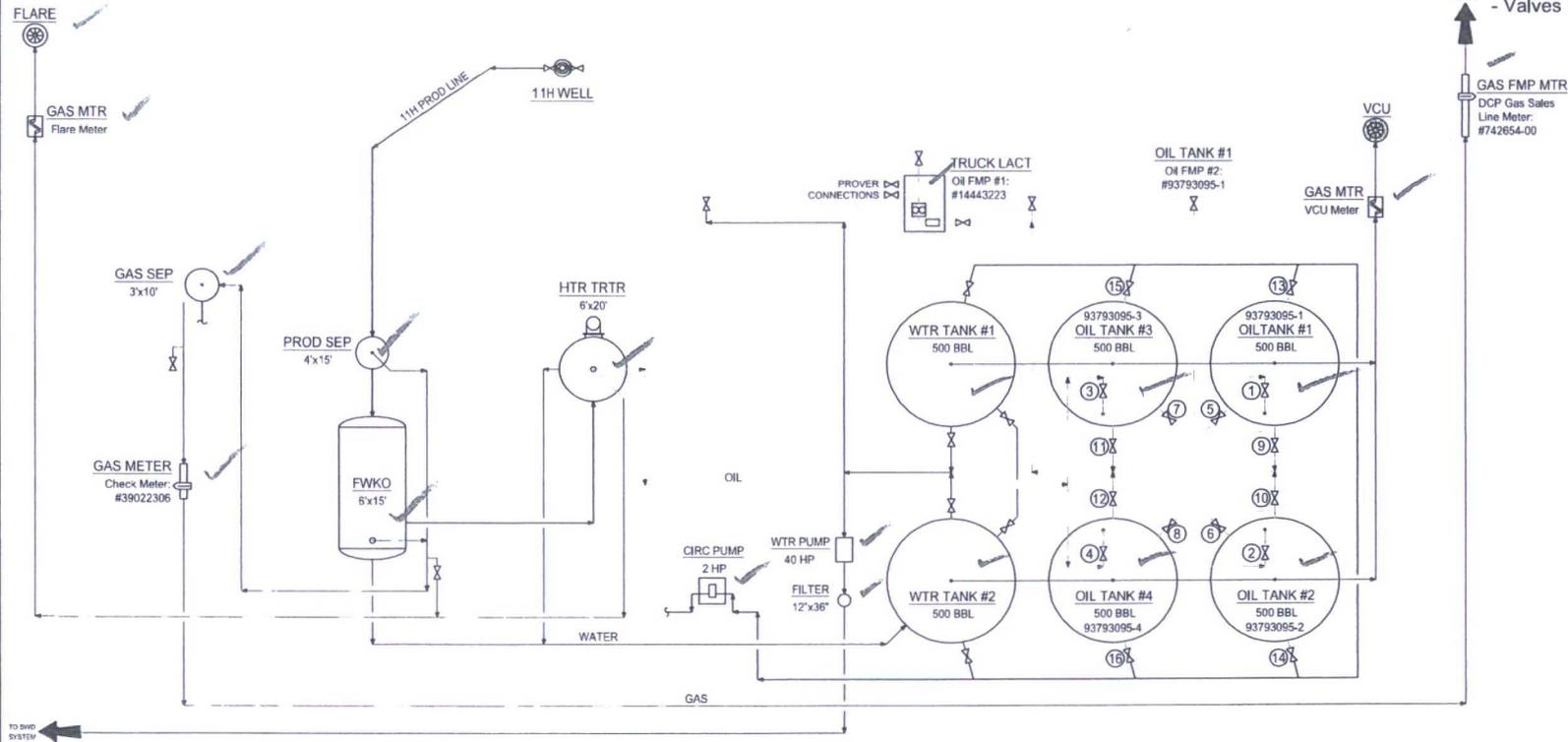
Kg

GERONIMO FEDERAL COM 11H BATTERY
 SWSW SECTION 19, T19S, R33E, UNIT M
 LEA COUNTY, NM

WELLS:
 GERONIMO FEDERAL COM #011H: 30-025-43503

Production Phase - Oil Tank #1
 - Valve 1 open
 - Valves 2, 3, and 4 closed
 - Valves 5, 6, 7, and 8 open
 - Valves 9, 10, 11, and 12 closed
 - Valve 13 open
 - Valves 14, 15, and 16 closed

Sales Phase - Oil Tank #1
 - Valve 1 closed
 - Valves 2, 3, or 4 open
 - Valve 5 closed
 - Valves 6, 7, and 8 open
 - Valve 9 open
 - Valves 10, 11, and 12 closed
 - Valve 13 closed
 - Valves 14, 15, or 16 open



NOTES:

Type of Lease: Federal
 Federal Lease SHL #: NMNM 077004
 CA/Agreement #: NMNM 137088
 Property Code: 317177
 OGRID #: 229137

Ledger for Site Diagram
 Produced Fluid: _____
 Produced Oil: _____
 Produced Gas: _____
 Produced Water: _____

CONFIDENTIALITY NOTICE
 THIS DRAWING IS PROPERTY OF COO OPERATING LLC AND IS LOANED TO THE BORROWER FOR CONFIDENTIAL USE ONLY AND IS SUBJECT TO RETURN UPON REQUEST AND SHALL NOT BE REPRODUCED, COPIED, LENT OR OTHERWISE DISPOSED OF DIRECTLY OR INDIRECTLY, NOR USED FOR ANY PURPOSE OTHER THAN THAT WHICH IT IS SPECIFICALLY FURNISHED.

REFERENCE DRAWINGS		REVISIONS	
NO.	TITLE	NO.	DATE
A		A	08/01/12
B		B	08/24/17

COG OPERATING LLC
 SITE SECURITY PLANS
 LOCATED AT:
 ONE CONCHO CENTER
 600 WEST ILLINOIS AVENUE
 MIDLAND, TEXAS 79701

BY	CHK.	APP.	DATE
CRB			08/01/12
CRB			08/01/12
CRB			
APP:			
AFE NO:			
OPER ENGR:	C. BLEDSOE		
SCALE:	NONE		

ENGINEERING RECORD	
BY	DATE
CRB	08/01/12
CRB	08/01/12
CRB	
APP:	
AFE NO:	
OPER ENGR:	C. BLEDSOE
SCALE:	NONE

CONCHO
 NORTHERN DELAWARE BASIN ASSET
 PRODUCTION FACILITIES
 SITE FACILITY DIAGRAM
 GERONIMO FEDERAL COM 11H BATTERY

LEA COUNTY NEW MEXICO

TOWNSHIP/RANGE: MULTIPLE
 DWG NO.: D-1700-81-005
 REV: B