UNITED STATES DEPARTMENT OF THE INTERIOR BURFALLOF LAND MANAGEMENT

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

	PEALLOELAND MANA			Expires: Ja	nuary 31, 2018	
	UREAU OF LAND MANAGEMENT OCD Hobbs		bbs 5. Lease Serial No. NMNM94094			
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.					6. If Indian, Allottee or Tribe Name	
abandoned wei	o. If findian, Another of	THOC Name				
SUBMIT IN TRIPLICATE - Other instructions on page 2				7. If Unit or CA/Agree NMNM124181	7. If Unit or CA/Agreement, Name and/or No. NMNM124181	
Type of Well ☐ Gas Well ☐ Oth	NMNM124181 8 Voll Name and No. STEADTH FEDER	RAL COM 1H				
		AMANDA AVERY	MA)			
COG OPERATING LLC	E-Mail: aavery@co	ncho.com	Dr	9 API Well No. 30-025-39484		
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		3b. Phone No. (include Ph: 575-748-6940	area code	10. Field and Pool or USK; BONE S	Exploratory Area PRING	
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)				11. County or Parish,	11. County or Parish, State	
Sec 17 T19S R32E SESE 330FSL 600FEL				LEA COUNTY,	LEA COUNTY, NM	
12. CHECK THE AF	PPROPRIATE BOX(ES)	TO INDICATE NA	TURE OF N	OTICE, REPORT, OR OTI	HER DATA	
TYPE OF SUBMISSION	TYPE OF ACTION					
S National Classes	☐ Acidize	☐ Deepen		Production (Start/Resume)	☐ Water Shut-Off	
Notice of Intent ■ Notice of Intent	☐ Alter Casing	☐ Hydraulic F	racturing	Reclamation	■ Well Integrity	
☐ Subsequent Report	☐ Casing Repair	■ New Constr	uction	Recomplete	Other	
☐ Final Abandonment Notice	☐ Change Plans	☐ Plug and Ab	andon 🗆	Temporarily Abandon		
	☐ Convert to Injection	☐ Plug Back		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. COG Operating LLC respectfully requests to designate Meter # 726122-00 as the official facility measurement point (FMP) for gas produced from this well. (Please see attached site facility diagram.) The FMP meter is located on lease NMNM 94094 at the Stealth Federal Com #1H battery. Meter meets API and AGA standards and will measure and be calibrated in compliance with all federal requirements and regulations. APPROVED APPROVED BUREAU OF LAND/MANAGEMENT						
				01010010	FIELD OFFICE	
14. I hereby certify that the foregoing is true and correct. Electronic Submission #409421 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by DEBORAH MCKINNEY on 03/29/2018 () Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE						
Name (17 mea/1ypea) AMANDA	AVENT	Title	AUTHURIZ	ED VELVESENTATIVE		
Signature (Electronic S	Submission)	Date	03/27/2018			
THIS SPACE FOR FEDERAL OR STATE OFFICE USE						
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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)

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.

Approved By

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

Title



Date