

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.*

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

**HOBBS OCD**  
**OCT 24 2018**  
**RECEIVED**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM117126
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287		7. If Unit or CA/Agreement, Name and/or No. NMNM138236
3b. Phone No. (include area code) Ph: 575-748-6940		8. Well Name and No. USHANKA FEDERAL COM 23H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 1 T26S R35E NWNE 210FNL 1650FEL 32.078996 N Lat, 103.318049 W Lon		9. API Well No. 30-025-44505-00-X1
		10. Field and Pool or Exploratory Area WILDCAT;WOLFCAMP
		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 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 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 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.

Required information for disposal water:

- 1) Name of formation producing water on lease: Upper Wolfcamp ✓
- 2) Amount of water producing in barrels per day: 500 bwpd ✓
- 3) How water is stored on lease: 2-500 BBL Fiberglass tank ✓
- 4) How water is moved to disposal: Trucked or piped to nearest SWD System. ✓
- 5) Disposal Facility #1
- a) Facility Operator Name: COG Operating LLC
- b) Name of facility or well name & number: Momentum 36 State #1 SWD (SWD-1519) ✓
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: NESW, Sec 36-T25S-R35E

In the event a temporary change of method or location of disposal is necessary, produced water

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

**Electronic Submission #438657 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/11/2018 (19DLM0025SE)**

Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 10/08/2018

**ACCEPTED FOR RECORD**

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By _____	Title _____	OCT 12 2018 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 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)

**\*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\* BLM REVISED \*\***

Accepted for Record Only

YMSB/OCD 10/24/2018

**Additional data for EC transaction #438657 that would not fit on the form**

**32. Additional remarks, continued**

will be trucked to an authorized disposal well in the geographic vicinity.