

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD
OCD Hobbs
NOV 0 2018
RECEIVED

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	2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com	5. Lease Serial No. NMNM119280	6. If Indian, Allottee or Tribe Name
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6940	7. If Unit or CA/Agreement, Name and/or No. NMNM137598	8. Well Name and No. SQUARE BILL FEDERAL COM 22H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 31 T25S R35E SESE 210FSL 990FEL 32.080204 N Lat, 103.401245 W Lon		9. API Well No. 30-025-44047-00-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 recompleat 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 recompleat 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: Parkway; Bone Spring
- 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: Piped to nearest SWD System.
- 5) Disposal Facility #1
 - a) Facility Operator Name: Owl Water Logistics
 - b) Name of facility or well name & number: Maralo Sholes B #2 (SWD-1127)
 - c) Type of facility or well: WDW
 - d) Location by 1/4, 1/4, Sec, T & R: Unit P, Sec 25-T25S-R36E
- Disposal Facility #2
 - a) Facility Operator Name: Owl Water Logistics

**SEE ATTACHED FOR
CONDITIONS OF APPROVAL**

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

**Electronic Submission #440825 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by DEBORAH MCKINNEY on 10/25/2018 (19DLM0093SE)**

Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
-----------------------------------	---------------------------------

Signature (Electronic Submission)	Date 10/23/2018
-----------------------------------	-----------------

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____	Title _____	ACCEPTED FOR RECORD OCT 26 2018 Date DMCKINNEY HE BUREAU OF LAND MANAGEMENT CARLSBAD FIELD OFFICE
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 ****

Accepted for Record Only

MSB/OCD 10/31/2018

Additional data for EC transaction #440825 that would not fit on the form

32. Additional remarks, continued

- b) Name of facility or well name & number: West Jal B #1 (SWD 1601)
- c) Type of facility or well: WDW
- d) Location by 1/4, 1/4, Sec, T & R: Unit J Sec 17-T25S-R36E
Disposal Facility #3
- e) Facility Operator Name: Owl Water Logistics
- f) Name of facility or well name & number: West Jal B Deep Well #1 (SWD 1482)
- g) Type of facility or well: WDW
- h) Location by 1/4, 1/4, Sec, T & R: Unit H Sec 17-T25S-R36E

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

WATER DISPOSAL ONSHORE ORDER #7

The following information is needed before your method of water disposal can be considered for approval.

1. Name(s) of formation (s) producing water on the lease.

2. Amount of water produced from each formation in barrels per day.

3. A water analysis of produced water from each zone showing at least the total dissolved solids, ph, and the concentrations of chlorides and sulfates.

4. How water is stored on the lease.

5. How water is moved to disposal facility.

6. Operator's of disposal facility

a. Lease name or well name and number _____

b. Location by $\frac{1}{4}$ $\frac{1}{4}$ Section, Township, and Range of the disposal system _____

c. The appropriate NMOCD permit number _____

BUREAU OF LAND MANAGEMENT
Carlsbad Field Office
620 East Greene Street
Carlsbad, New Mexico 88220
575-234-5972

Disposal of Produced Water From Federal Wells
Conditions of Approval

Approval of the produced water disposal methodology is subject to the following conditions of approval:

1. This agency shall be notified of any change in your method or location of disposal.
2. Compliance with all provisions of Onshore Order No. 7.
3. This agency shall be notified of any spill or discharge as required by NTL-3A.
4. This agency reserves the right to modify or rescind approval whenever it determines continued use of the approved method may adversely affect the surface or subsurface environments.
5. Any on-lease open top storage tanks shall be covered with a protective cover to prevent entry by birds and other wildlife.
6. This approval should not constitute the granting of any right-of-way or construction rights not granted by the lease instrument.
7. If water is transported via a pipeline that extends beyond the lease boundary then you need to submit within 30 days an application for right-of-way approval to the Realty Section in this office if you have not already done so.
8. Disposal at any other site will require prior approval.
9. Subject to like approval by NMOCD

4/4/2017