

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.

5. Lease Serial No.
NMNM120365
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No.

SUBMIT IN TRIPLICATE - Other instructions on page

HOBBS OCD
MAR 12 2019
RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. HENNIN FEDERAL 24H
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com		9. API Well No. 30-025-44641-00-X1
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287	3b. Phone No. (include area code) Ph: 575-748-6940	10. Field and Pool or Exploratory Area WILDCAT; WOLFCAMP
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 3 T26S R35E NWNE 210FNL 2162FEL 32.078873 N Lat, 103.353371 W Lon		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 type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input checked="" 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 Hydraulic Fracture
	<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	changed 1-30-19 dm

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: 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 SWD, LLC
 - 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: NESW, Sec 36-T25S-R36E
- Disposal Facility #2
 - a) Facility Operator Name: BC&D Operating Inc.

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

**Electronic Submission #450069 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFSSS for processing by PRISCILLA PEREZ on 01/28/2019 (19PP0760SE)**

Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 01/10/2019
THIS SPACE FOR FEDERAL OR STATE OFFICE USE	
Approved By _____	Title _____ Date _____
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 _____	

ACCEPTED FOR RECORD

- 7 2019

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)

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Additional data for EC transaction #450069 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: BC&D Operating Inc
- 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.