

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.

OCB Hobbs

5. Lease Serial No.
NMNM120907 ✓

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other Instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
EIDER FEDERAL 301H

2. Name of Operator
COG OPERATING LLC
Contact: AMANDA AVERY
E-Mail: aavery@concho.com

9. API Well No.
30-025-44628-00-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
WC025G08S253235G-LWR BONE SPF

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 35 T24S R32E SWSW 210FSL 1020FWL
32.167392 N Lat, 103.650690 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 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 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.

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: COG Operating LLC
 - b) Name of facility or well name & number: Gold Coast 26 Federal SWD #1 (SWD-1391) ✓
 - c) Type of facility or well: WDW
 - d) Location by 1/4, 1/4, Sec, T & R: NESW, Sec 26-T24S-R32E
 - e) 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.

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #461971 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 04/18/2019 (19PP1613SE)

Name (Printed/Typed): AMANDA AVERY Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission) Date 04/17/2019

ACCEPTED FOR RECORD
APR 19 2019
BUREAU OF LAND MANAGEMENT
CARLSBAD FIELD OFFICE

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title _____ Date _____
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.