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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.

5. Lease Serial No. MNM121958
6. If Indian, Allottee or Tribe Name
7. If Unit or CA/Agreement, Name and/or No. MNM138694
8. Well Name and No. DOMINATOR 25 FEDERAL COM 605H
9. API Well No. 30-025-44742-00-X1
10. Field and Pool or Exploratory Area WILDCAT;WOLFCAMP
11. County or Parish, State LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well [X] Oil Well [] Gas Well [] Other
2. Name of Operator COG OPERATING LLC Contact: AMANDA AVERY E-Mail: aavery@concho.com
3a. Address ONE CONCHO CENTER 600 W ILLINOIS AVENUE MIDLAND, TX 79701-4287
3b. Phone No. (include area code) Ph: 575-748-6940
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 25 T25S R33E SWSE 280FSL 1950FEL 32.095028 N Lat, 103.523827 W Lon

12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

Table with 2 columns: TYPE OF SUBMISSION and TYPE OF ACTION. Includes checkboxes for Notice of Intent, Subsequent Report, Final Abandonment Notice, Acidize, Deepen, Production (Start/Resume), Water Shut-Off, etc.

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 recompleate horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones.

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 #465929 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs Committed to AFMSS for processing by PRISCILLA PEREZ on 05/20/2019 (19PP1959SE)

Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission) Date 05/20/2019
THIS SPACE FOR FEDERAL OR STATE OFFICE USE MAY 20 2019
Approved By [Signature] Title [Signature] 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 **

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Additional data for EC transaction #465929 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.