

UNITED STATES **Carlsbad Field Office**
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.
NMNM125658
If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

JUN 10 2019

7. If Unit or CA/Agreement, Name and/or No.
NMNM139190

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
EZ FEDERAL COM 703H

2. Name of Operator **COG OPERATING LLC**
Contact: **BOBBIE GOODLOE**
E-Mail: **bgoodloe@concho.com**

9. API Well No.
30-025-45279-00-X1

3a. Address
**ONE CONCHO CENTER 600 W ILLINOIS AVENUE
MIDLAND, TX 79701-4287**

3b. Phone No. (include area code)
Ph: **575-748-6952**

10. Field and Pool or Exploratory Area
WC025G09S243532M-WOLFBONE

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**Sec 9 T25S R35E SWSW 280FSL 1085FWL
32.138409 N Lat, 103.377518 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
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	Drilling Operations
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input 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 recompleate 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 recompleation 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.

1/31/19 Spud well, TD 17 1/2" surface hole @ 1137'. Set 13 3/8" 54.5# J-55 BTC csg @ 1094'. Cmt w/650 sx lead. Tailed in w/300 sx. Circ 371 sx to surface. WOC 8 hrs. Test BOP. Test csg to 1500# for 30 minutes. ✓

2/18/19 TD 12 1/4" intermediate hole @ 11638'. Set 9 5/8" 47# HCL-80 csg @ 11638'. DVT set @ 5288'. Cmt 1st stage w/1050 sx lead. Tailed in w/445 sx. Did not circ cmt. Cmt 2nd stage w/1400 sx lead. Tailed in w/350 sx. Circ 466 sx to surface. Nipple Down BOP. Suspend Operations. ✓

4/3/19 Resume Operations. Nipple Up BOP. Test BOP Equipment. Test csg to 1500# for 30 minutes. ✓

4/23/19 TD 8 1/2" lateral @ 22595' (KOP @ 11928'). Set 5 1/2" 23# HCP-110 CDC-HTQ csg @ 22583'. Cmt w/1600 sx lead. Tailed in w/2650 sx. Circ 474 sx to surface. ✓

14. I hereby certify that the foregoing is true and correct.
Electronic Submission #463153 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 04/26/2019 (19PP1654SE)

Name (Printed/Typed) **BOBBIE GOODLOE** Title **REGULATORY ANALYST**

Signature (Electronic Submission) Date **04/26/2019**

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved By _____ Title **Accepted for Record** Date **APR 26 2019**

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 **Jonathon Shepard
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.

Additional data for EC transaction #463153 that would not fit on the form

32. Additional remarks, continued

4/25/19 Rig Released