

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**Isbad Field Office**  
**Hobbs**  
**HOBBS OCD**

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.  
NMNM108973

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
HARRIER FEDERAL COM 102H

9. API Well No.  
30-025-45828-00-X1

10. Field and Pool or Exploratory Area  
JENNINGS

11. County or Parish, State  
LEA COUNTY, NM

**SUBMIT IN TRIPLICATE - Other instructions on page 2**

**JUL 03 2019**  
**RECEIVED**

1. Type of Well  
 Oil Well  Gas Well  Other

2. Name of Operator  
COG OPERATING LLC  
Contact: MAYTE X REYES  
E-Mail: mreyes1@concho.com

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

3b. Phone No. (include area code)  
Ph: 575-748-6945

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 2 T26S R32E SWSW 330FSL 750FWL  
32.065914 N Lat, 103.651825 W Lon

**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 checked="" type="checkbox"/> Other<br>Change to Original A<br>PD |
|  | <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 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 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.

COG Operating respectfully requests approval for the following changes to the originally approved APD.

Spacing Unit.

C102 attached.

*All previous Conditions of Approval still apply. DR*

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

Electronic Submission #470903 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs  
Committed to AFMSS for processing by PRISCILLA PEREZ on 06/27/2019 (19PP2317SE)

Name (Printed/Typed) MAYTE X REYES Title SENIOR REGULATORY ANALYST

Signature (Electronic Submission) Date 06/27/2019

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

Approved By DYLAN ROSSMANGO Title PETROLEUM ENGINEER Date 06/28/2019

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 Hobbs

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.

*KZ*

DISTRICT I  
1633 N. FRENCH DR., HOBBS, NM 88240  
Phone: (878) 593-0181 Fax: (878) 593-0728

DISTRICT II  
811 E. FIRST ST., ARTESIA, NM 88210  
Phone: (878) 746-1823 Fax: (878) 746-9728

DISTRICT III  
1000 RID BRAZOS RD., AZTEC, NM 87410  
Phone: (868) 334-8178 Fax: (868) 334-8179

DISTRICT IV  
1220 E. ST. FRANCIS DR., SANTA FE, NM 87505  
Phone: (868) 478-3480 Fax: (868) 478-3482

State of New Mexico  
Energy, Minerals & Natural Resources Department  
**OIL CONSERVATION DIVISION**  
1220 SOUTH ST. FRANCIS DR.  
Santa Fe, New Mexico 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

AMENDED REPORT

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

|                                   |   |   |
|-----------------------------------|---|---|
| API Number<br><b>30-025-45828</b> | Pool Code<br><b>97838</b>                   | Pool Name<br><b>Jennings; Upper Bone Spring Shale</b> |
| Property Code<br><b>325390</b>    | Property Name<br><b>HARRIER FEDERAL COM</b> | Well Number<br><b>102H</b>                            |
| OCRID No.<br><b>229137</b>        | Operator Name<br><b>COG OPERATING, LLC</b>  | Elevation<br><b>3247.3'</b>                           |

**Surface Location**

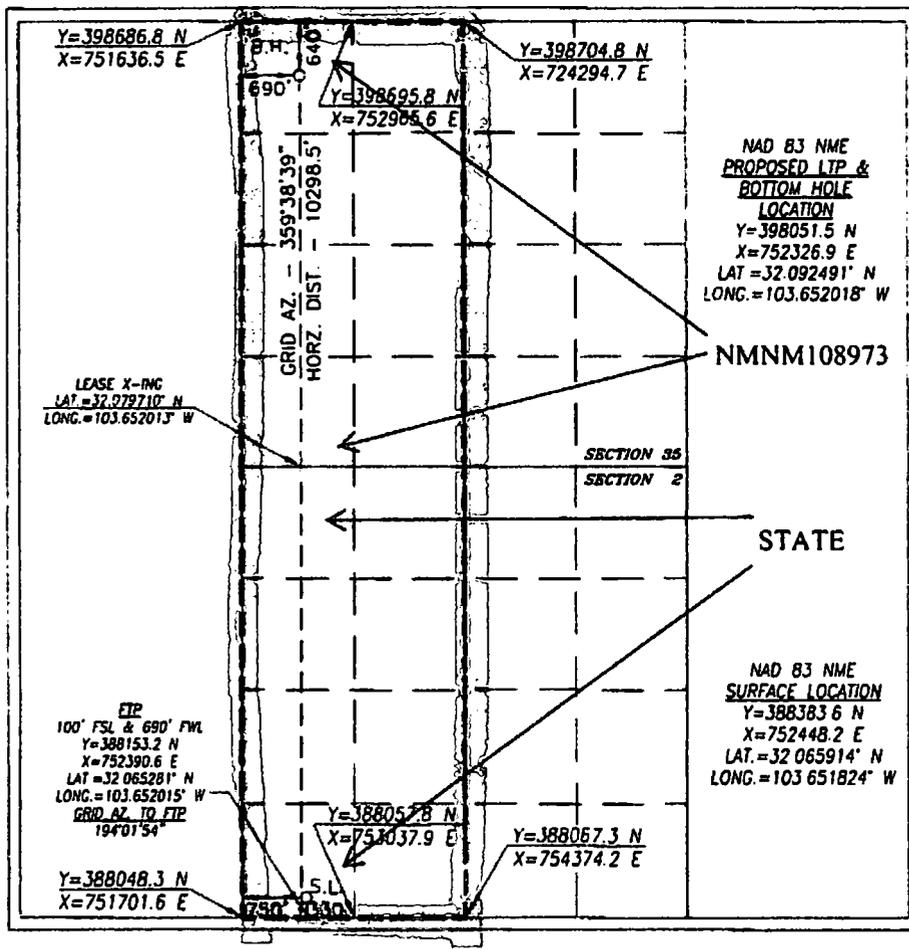
| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| M             | 2       | 26-S     | 32-E  |         | 330           | SOUTH            | 750           | WEST           | LEA    |

**Bottom Hole Location If Different From Surface**

| UL or lot No. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| D             | 35      | 25-S     | 32-E  |         | 640           | NORTH            | 690           | WEST           | LEA    |

|                               |                 |                    |           |
|-------------------------------|-----------------|--------------------|-----------|
| Dedicated Acres<br><b>640</b> | Joint or Infill | Consolidation Code | Order No. |
|-------------------------------|-----------------|--------------------|-----------|

**NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION**



**OPERATOR CERTIFICATION**

I hereby certify that the information herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unless mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.

*Mayte Reyes* 4-26-19  
Signature Date

**Mayte Reyes**  
Printed Name

mreyes1@concho.com  
E-mail Address

**SURVEYOR CERTIFICATION**

I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.

DECEMBER 12, 2018  
Date of Survey

Signature & Seal of Professional Surveyor

**CHAD L. HARCROW**  
NEW MEXICO  
17777  
LICENSED PROFESSIONAL SURVEYOR

*Chad Harcrow* 12/17/18  
Certificate No. CHAD HARCROW 17777  
W.O. # 19-724 DRAWN BY: AM