

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.  
NMNM128368 ✓

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
LITTLE BEAR FEDERAL COM 5H

9. API Well No.  
30-025-45101-00-X1

10. Field and Pool or Exploratory Area  
WILDCAT BONE SPRING

11. County or Parish, State  
LEA COUNTY, NM

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

1. Type of Well  
 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 33 T20S R34E SWSW 384FSL 1091FWL  
32.523376 N Lat, 103.570297 W Lon

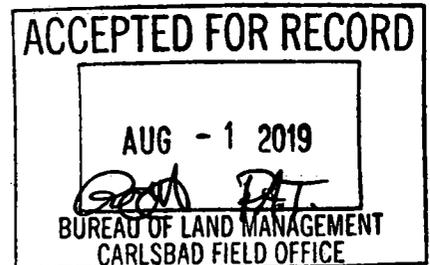
**12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

| 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 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 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: COG Operating LLC
  - b) Name of facility or well name & number: Corazon 4 State SWD #2 (SWD-1528)
  - c) Type of facility or well: WDW
  - d) Location by 1/4, 1/4, Sec, T & R: UL10, Sec 4-T21S-R33E
- 1) Name of formation producing water on lease: Bone Spring



14. I hereby certify that the foregoing is true and correct.  
**Electronic Submission #475987 verified by the BLM Well Information System**  
**For COG OPERATING LLC, sent to the Hobbs**  
**Committed to AFMSS for processing by PRISCILLA PEREZ on 07/31/2019 (19PP2707SE)**

Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 07/31/2019

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

Approved By \_\_\_\_\_ Title \_\_\_\_\_ 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 \_\_\_\_\_

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.

*Handwritten signature/initials*

**Additional data for EC transaction #475987 that would not fit on the form**

**32. Additional remarks, continued**

- 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 #2
  - a) Facility Operator Name: COG Operating LLC
  - b) Name of facility or well name & number: Lightning 1 State SWD #1 (SWD-1373)
  - c) Type of facility or well: WDW
  - d) Location by 1/4, 1/4, Sec, T & R: SENW, Sec 1-T21S-R33E

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.