

DRC

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.

5. Lease Serial No.
NMNM083

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

OCD Hobbs
HOBBS OCD

AUG 21 2019

RECEIVED

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

8. Well Name and No.
LITTLE BEAR FEDERAL COM 7H

9. API Well No.
30-025-45103-00-X1

10. Field and Pool or Exploratory Area
WILDCAT; WOLFCAMP

11. County or Parish, State
LEA COUNTY, NM

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 33 T20S R34E SWSE 696FSL 2137FEL
32.524239 N Lat, 103.563576 W Lon

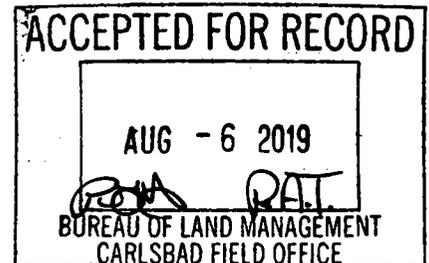
12. CHECK THE APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Deepen
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Hydraulic Fracturing
	<input type="checkbox"/> Production (Start/Resume)
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Alter Casing
	<input type="checkbox"/> Reclamation
	<input type="checkbox"/> Well Integrity
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans
	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Plug and Abandon
	<input checked="" type="checkbox"/> Water Disposal
	<input type="checkbox"/> Convert to Injection
	<input type="checkbox"/> Plug Back

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 #476674 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs
Committed to AFMSS for processing by PRISCILLA PEREZ on 08/05/2019 (19PP2765SE)**

Name (Printed/Typed) AMANDA AVERY Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission) Date 08/05/2019

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.

(Instructions on page 2)

**** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ** BLM REVISED ****

Additional data for EC transaction #476674 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.