Form 3160-5 (August 2007)

## **UNITED STATES** DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO. 1004-0135 Expires. July 31, 2010

2009

| SUNDRY NOTICES AND REPORTS ON WELLS                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | <u> </u>                                                                                                     | 3dly 31, 2010                                                                    |
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|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | 5 Lease Serial No<br>NMLC029509A                                                                             |                                                                                  |
| Do not use this form for proposals to drill or to re-enter an abandoned well. Use form 3160-3 (APD) for such proposals.                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   |                                                                                                        |                                                                               | 6                                                                                                          | 6. If Indian, Allottee or Tribe Name                                                                         |                                                                                  |
| SUBMIT IN TRIPLICATE - Other instructions on reverse side.                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | 7. If Unit or CA/Agreement, Name and/or No.                                                                  |                                                                                  |
| 1. Type of Well                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | . Well Name and No                                                                                           |                                                                                  |
| ☑ Oil Well ☐ Gas Well ☐ Other                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | MC FEDERAL 19                                                                                                | 1                                                                                |
| 2 Name of Operator Contact KANICIA CARRILLO COG OPERATING LLC E-Mail: kcarrillo@conchoresources.com                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                   |                                                                                                        |                                                                               |                                                                                                            | 9 API Well No. /<br>30-025-38740-00-X1                                                                       |                                                                                  |
| 3a. Address<br>550 W TEXAS AVE SUITE 1:<br>MIDLAND, TX 79701                                                                                                                                                                                                                                                                                                              | 3b Phone No (include area code)<br>Ph: 432-685-4332                                                                                                                                               |                                                                                                        |                                                                               | 10 Field and Pool, or Exploratory MALJAMAR; Yeso; West                                                     |                                                                                                              |                                                                                  |
| 4. Location of Well (Footage, Sec.,                                                                                                                                                                                                                                                                                                                                       | 11 County or Parish, and State                                                                                                                                                                    |                                                                                                        |                                                                               |                                                                                                            |                                                                                                              |                                                                                  |
| Sec 22 T17S R32E NWNW 9                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                   | LEA COUNTY, NM                                                                                         |                                                                               |                                                                                                            |                                                                                                              |                                                                                  |
| 12. CHECK APP                                                                                                                                                                                                                                                                                                                                                             | ROPRIATE BOX(ES) To                                                                                                                                                                               | O INDICATE N                                                                                           | ATURE OF I                                                                    | NOTICE, REP                                                                                                | ORT, OR OTHE                                                                                                 | R DATA                                                                           |
| TYPE OF SUBMISSION                                                                                                                                                                                                                                                                                                                                                        | TYPE OF ACTION                                                                                                                                                                                    |                                                                                                        |                                                                               |                                                                                                            |                                                                                                              |                                                                                  |
| ☐ Notice of Intent                                                                                                                                                                                                                                                                                                                                                        | Acidize                                                                                                                                                                                           | Deeper                                                                                                 | 1                                                                             | □ Production                                                                                               | (Start/Resume)                                                                                               | ☐ Water Shut-Off                                                                 |
| _                                                                                                                                                                                                                                                                                                                                                                         | ☐ Alter Casing                                                                                                                                                                                    | ☐ Fractur                                                                                              | e Treat                                                                       | ☐ Reclamation                                                                                              | on                                                                                                           | ☐ Well Integrity                                                                 |
| Subsequent Report                                                                                                                                                                                                                                                                                                                                                         | ☐ Casing Repair                                                                                                                                                                                   | □ New C                                                                                                | Construction Recomplete                                                       |                                                                                                            | e                                                                                                            | Other<br>Well Spud                                                               |
| ☐ Final Abandonment Notice                                                                                                                                                                                                                                                                                                                                                | Change Plans                                                                                                                                                                                      | 🗖 Plug ai                                                                                              | ☐ Plug and Abandon ☐ Temporarily Abandon                                      |                                                                                                            | ly Abandon                                                                                                   | Well Spud                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                           | Convert to Injection                                                                                                                                                                              | Plug Back                                                                                              |                                                                               | ☐ Water Dis                                                                                                | posal                                                                                                        |                                                                                  |
| 13. Describe Proposed or Completed Of If the proposal is to deepen direction Attach the Bond under which the whollowing completion of the involve testing has been completed. Final Adetermined that the site is ready for 01/10/09 Spud 17-1/2" @ 9:301/11/09 TD 17-1/2" @ 801'. WOC 18hrs. Tested BOP to 201/22/09 TD 11" @ 6952'. RWOC 12hrs. Test BOP to 201/23/09 RR | nally or recomplete horizontall ork will be performed or provided operations. If the operation Abandonment Notices shall be final inspection)  80pm. Ran 18jts 13-3/8 H40 48 2000# for 10 min,ok. | y, give subsurface to de the Bond No on lessults in a multiple filed only after all re # @ 801'. Cmt w | cations and mea<br>ile with BLM/B<br>completion or re<br>quirements, included | isured and true versita. Required subsecompletion in a nuding reclamation  200sx C. Circ 2  Sx C. Circ 181 | tical depths of all per<br>sequent reports shall l<br>ew interval, a Form 3<br>, have been complete<br>40sx. | tinent markers and zones<br>be filed within 30 days<br>160-4 shall be filed once |
|                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                   |                                                                                                        |                                                                               | HOBB                                                                                                       | SUCD                                                                                                         |                                                                                  |
| 14 Thereby certify that the foregoing                                                                                                                                                                                                                                                                                                                                     | Electronic Submission                                                                                                                                                                             | OPERATING LLO                                                                                          | sent to the                                                                   | Hobbs                                                                                                      |                                                                                                              |                                                                                  |
| Name(Printed/Typed) KANICIA                                                                                                                                                                                                                                                                                                                                               | ıtle PREPA                                                                                                                                                                                        |                                                                                                        | ,                                                                             |                                                                                                            |                                                                                                              |                                                                                  |
| Signature (Electronic                                                                                                                                                                                                                                                                                                                                                     | Submission)                                                                                                                                                                                       | C                                                                                                      | Pate 02/13/2                                                                  | 2009                                                                                                       |                                                                                                              |                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                           | THIS SPACE F                                                                                                                                                                                      | OR FEDERAL                                                                                             | OR STATE                                                                      | OFFICE USE                                                                                                 | •                                                                                                            |                                                                                  |
| VOUEDA                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                   | T                                                                                                      | JAMES A                                                                       | AMOS                                                                                                       |                                                                                                              |                                                                                  |
| Approved By ACCET                                                                                                                                                                                                                                                                                                                                                         | L., L.                                                                                                                                                                                            |                                                                                                        |                                                                               |                                                                                                            |                                                                                                              | Date 02/28/20                                                                    |

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.

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