Form C-104 Revised August 1, 2011

Submit one copy to appropriate District Office

AMENDED REPORT

Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505

	I.	REQUE	EST FO	OR ALL	OWABLE	AND AUTHO	RIZATION	TO TRANSPO	ORT		
¹ Operator name and Address							² OGRID Number				
COG Operating LLC							229137				
2208 W. Main Street							³ Reason for Filing Code/ Effective Date				
Artesia,	NM 882	10						NW			
⁴ API Numbe	er	⁵ Pool	Name					⁶ Pool Code	·		
30-015-4	0740				• Welch; Bon	e Spring			54010		
⁷ Property C	⁸ Proj	⁸ Property Name					⁹ Well Number				
308	045				Cluster Sta	te Com			5H		
II. ¹⁰ Su	rface Lo	cation									
Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County		
Μ	16	26S	27E		380	South	190	West	Eddy		

¹¹ Bottom Hole Location

II. Ul or

	Ul or lot no.	-	Township	9	Lot Idn		North/South Line			
1	P	16	26S	27E		428	South	339	East	Eddy
	¹² Lse Code		ing Method		nnection	¹⁵ C-129 Pern	nit Number 16	C-129 Effective	Date ¹⁷	C-129 Expiration Date
	S	ť	Code F		1/13					

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
174235	Enterprise Crude Pipeline, LLC 210 Park Avenue – Suite 1600 Oklahoma City, OK 73102	O
241472	Southern Union Gas Services, Ltd 301 Commerce Street – Ste 700 Fort Worth, TX 76102	G
	JUN 1 2 2013	
	NMOCD ARTESIA	

IV. Well Completion Data

²¹ Spud Date 3/21/13	²² Ready Date 5/15/13	²³ TD 12010'	²⁴ PBTD 12006'	²⁵ Perforations 7699-11910'	²⁶ DHC, MC	
²⁷ Hole Siz	e ²⁸ Casin	g & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement	
12 1/4"		9 5/8"			800 sx	
7 7/8"		5 1/2"	12010'		1800 sx	
		2 7/8"	6895'			
		· · · ·				

V. Well Test Data ³¹ Date New Oil ³² Gas Delivery Date Test Date ³⁵ Tbg. Pressure **Test Length** Csg. Pressure 5/18/13 5/24/13 6/6/13 24 Hrs 470# ³⁷ Choke Size ³⁸ Oil 39 Water ⁴⁰ Gas 41 Test Method 997 1285 1740 Flowing ⁴² I hereby certify that the rules of the Oil Conservation Division have OIL CONSERVATION DIVISION been complied with and that the information given above is true and complete to the best of my knowledge and belief. Approved by: Signature Printed name: Supervisor Title: Stormi Davis Title: Approval Date: Regulatory Analyst E-mail Address: sdavis@concho.com Phone: Date: 6/11/13 575-748-6946