

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OCD-ARTESIA

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other				5. Lease Serial No. NMNM97136	
b. Type of Completion <input checked="" type="checkbox"/> New Well <input type="checkbox"/> Work Over <input type="checkbox"/> Deepen <input type="checkbox"/> Plug Back <input type="checkbox"/> Diff. Resvr. Other _____				6. If Indian, Allottee or Tribe Name	
2. Name of Operator COG OPERATING LLC				Contact: STORMI DAVIS E-Mail: sdavis@concho.com	
3. Address 2208 W MAIN ST ARTESIA, NM 88210				3a. Phone No. (include area code) Ph: 575-748-6946	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 31 T19S R31E Mer NMP At surface NENE 330FNL 660FEL At top prod interval reported below Sec 31 T19S R31E Mer NMP At total depth SESE 336FSL 647FEL				8. Lease Name and Well No. MARAUDER 31 FEDERAL 4H	
14. Date Spudded 05/21/2014				15. Date T.D. Reached 06/10/2014	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 07/31/2014				17. Elevations (DF, KB, RT, GL)* 3464 GL	
18. Total Depth: MD 13407 TVD 8962				19. Plug Back T.D.: MD 13404 TVD 8962	
20. Depth Bridge Plug Set: MD TVD				21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE	
22. Was well cored? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Was DST run? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Submit analysis) Directional Survey? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Submit analysis)					

23. Casing and Liner Record (Report all strings set in well)

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
20.000	16.000 J55	65.0	0	519		600		0	
14.750	11.750 J55	47.0	0	2410		1300		0	
10.625	8.625 HCK55	32.0	0	4000	2459	1000		0	
7.875	5.500 P110	17.0	0	13407		1950		0	

24. Tubing Record

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	8433							

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9155	13330	9155 TO 13270	0.430	504	OPEN
B)			13320 TO 13330		60	OPEN
C)						
D)						

27. Acid, Fracture, Treatment, Cement Squeeze, Etc.

Depth Interval	Amount and Type of Material
9155 TO 13270	SEE IN REMARKS

28. Production - Interval A

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
08/04/2014	08/20/2014	24	→	533.0	539.0	1212.0			ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	505	90.0	→	533	539	1212		PQW	

28a. Production - Interval B

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

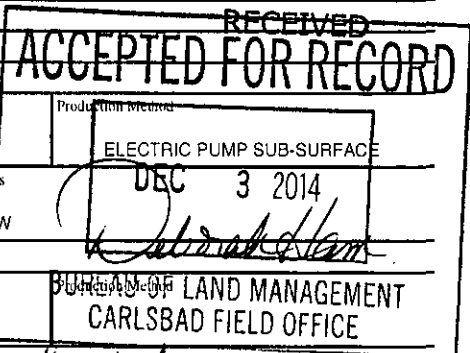
(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #262078 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **

Reclamation due

2/20/15



CP

28b. Production - Interval C

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

28c. Production - Interval D

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
			→						
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas/Oil Ratio	Well Status	
			→						

29. Disposition of Gas(Sold, used for fuel, vented, etc.)
SOLD

30. Summary of Porous Zones (Include Aquifers):

Show all important zones of porosity and contents thereof: Cored intervals and all drill-stem tests, including depth interval tested, cushion used, time tool open, flowing and shut-in pressures and recoveries.

31. Formation (Log) Markers

Formation	Top	Bottom	Descriptions, Contents, etc.	Name	Top Meas. Depth
DELAWARE	4134	6750		RUSTLER	496
BONE SPRING LM	6751	8000		TOS	571
1ST BONE SPRING	8001	8761		BOS	2041
2ND BONE SPRING	8762	8962		YATES	2299
				SEVEN RIVERS	2386
				CAPITAN	2568
				DELAWARE	4134
				BONE SPRING LM	6751

32. Additional remarks (include plugging procedure):

Perfs 7 1/2" Sand (#) Fluid (gal)
 13069-13270' 3990 447487 389322
 12768-12969' 6048 449217 370188
 12463-12668' 6258 448812 386820
 12162-12367' 6024 449841 390156
 11865-12066' 6006 450317 370692
 11564-11765' 6234 449005 363948
 11258-11463' 6132 450804 371238

33. Circle enclosed attachments:

- | | | | |
|---|--------------------|---------------|-----------------------|
| 1. Electrical/Mechanical Logs (1 full set req'd.) | 2. Geologic Report | 3. DST Report | 4. Directional Survey |
| 5. Sundry Notice for plugging and cement verification | 6. Core Analysis | 7 Other: | |

34. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records (see attached instructions):

Electronic Submission #262078 Verified by the BLM Well Information System.
 For COG OPERATING LLC, sent to the Carlsbad
 Committed to AFMSS for processing by DEBORAH HAM on 12/02/2014 ()

Name(please print) STORMI DAVIS

Title REGULATORY ANALYST

Signature (Electronic Submission)

Date 09/09/2014

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.

** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL **

Additional data for transaction #262078 that would not fit on the form

32. Additional remarks, continued

10962-11162' 5999 448657 370391
10660-10868' 6048 454044 371112
10359-10560' 5964 450790 369978
10058-10259' 6132 452024 369558
9757-9958' 6216 452482 367206
9456-9657' 6216 554108 600138
9155-9350' 5982 427906 348870
Totals 83248 6385494 5439616

Additional Tops:

1st Bone Spring 8001
2nd Bone Spring 8762

Surveys are attached.

This completion report amends the report I just submitted to correct the tubing depth.
Please withdraw previous report.