

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
811 S. First St., Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-104  
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 015-43878	<sup>5</sup> Pool Name Lusk; Bone Spring, North	<sup>6</sup> Pool Code 41450
<sup>7</sup> Property Code 316703	<sup>8</sup> Property Name Spruce Goose Federal Com	<sup>9</sup> Well Number 2H

II. <sup>10</sup> Surface Location

Ul or lot no. A	Section 12	Township 19S	Range 31E	Lot Idn	Feet from the 985	North/South Line North	Feet from the 390	East/West line East	County Eddy
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<sup>11</sup> Bottom Hole Location

Ul or lot no. A	Section 7	Township 19S	Range 32E	Lot Idn	Feet from the 436	North/South Line North	Feet from the 57	East/West line East	County Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 11/29/16	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	Alpha Crude Connector Pipeline	O
36785	DCP Midstream, LP 10 Desta Dr - Suite 2500 Midland, TX 79705-4528	G

IV. Well Completion Data

<sup>21</sup> Spud Date 8/12/16	<sup>22</sup> Ready Date 11/20/16	<sup>23</sup> TD 14517'	<sup>24</sup> PBDT 14500'	<sup>25</sup> Perforations 9365-14450'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17 1/2"	13 3/8"	925'	740		
12 1/4"	9 5/8"	3099'	930		
8 3/4"	5 1/2"	14517'	2190		
	2 7/8"	8685'			

V. Well Test Data

<sup>31</sup> Date New Oil 11/25/16	<sup>32</sup> Gas Delivery Date 11/29/16	<sup>33</sup> Test Date 11/25/16	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 340#	<sup>36</sup> Csg. Pressure 12#
<sup>37</sup> Choke Size	<sup>38</sup> Oil 77	<sup>39</sup> Water 2334	<sup>40</sup> Gas 106		<sup>41</sup> Test Method Pumping

<sup>42</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: 

Printed name:  
Stormi Davis

Title:  
Regulatory Analyst

E-mail Address:  
sdavis@concho.com

Date:  
1/3/17

Phone:  
575-748-6946

OIL CONSERVATION DIVISION

Approved by:



Title:

Petroleum Engineer

Approval Date:

01/13/17



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM 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.***SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM104685
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. SPRUCE GOOSE FEDERAL COM 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 12 T19S R31E Mer NMP NENE 985FNL 390FEL		9. API Well No. 30-015-43878
		10. Field and Pool or Exploratory Area LUSK; BONE SPRING, NORTH
		11. County or Parish, State LEA COUNTY, NM

**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 checked="" 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 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 recompleat 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.

9/9/16 Load &amp; test annulus to 1500#. Ran CBL. TOC @ 172'.

10/17/16 to 10/24/16 Test csg to 8500# for 30 mins. Good test. Perf 9365-14450' (1496). Acdz w/103824 gal 7 1/2%; frac w/8137221# sand &amp; 8205960 gal fluid.

11/16/16 to 11/18/16 Drilled out CFP's. Circ clean.

11/19/16 to 11/20/16 Set 2 7/8" 6.5# L-80 tbg @ 8685' &amp; PWOP.

11/21/16 Began flowing back &amp; testing.

11/25/16 Date of first production.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #362507 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) STORMI DAVIS

Title PREPARER

Signature (Electronic Submission)

Date 01/03/2017

**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)

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

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT**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.*FORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 20185. Lease Serial No.  
NMNM104685

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**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
COG OPERATING LLCContact: STORMI DAVIS  
E-Mail: sdavis@concho.com8. Well Name and No.  
SPRUCE GOOSE FEDERAL COM 2H9. API Well No.  
30-015-438783a. Address  
2208 WEST MAIN  
ARTESIA, NM 882103b. Phone No. (include area code)  
Ph: 575-748-694610. Field and Pool or Exploratory Area  
LUSK; BONE SPRING, NORTH

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 12 T19S R31E Mer NMP NENE 985FNL 390FEL

11. County or Parish, State

LEA COUNTY, NM

**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 the Disposal of Produced Water:**

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1500 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Trucked
- 5) Disposal Facility:
  - a) Facility Operator Name: COG Operating LLC
  - b) Name of facility or well name & number: Magnum Pronto 32 State SWD #1 (SWD-1399-A)
  - c) Type of facility of well: WDW
  - d) Location by 1/4, 1/4, Section, Township & Range: NESW, Sec 32-T19S-R32E

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #362490 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) STORMI DAVIS

Title PREPARER

Signature (Electronic Submission)

Date 01/03/2017

**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 \_\_\_\_\_

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(Instructions on page 2)

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



UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED  
OMB No. 1004-0137  
Expires: July 31, 2010WELL COMPLETION OR RECOMPLETION REPORT AND LOG  
AND LOG 20175. Lease Serial No.  
NMNM1046851a. Type of Well ☒ Oil Well ☐ Gas Well ☐ Dry ☐ Other  
b. Type of Completion ☒ New Well ☐ Work Over ☐ Deepen ☐ Plug Back ☐ Drift Resvr.  
Other \_\_\_\_\_

6. If Indian, Allottee or Tribe Name

7. Unit or CA Agreement Name and No.

2. Name of Operator  
COG OPERATING LLCContact: STORMI DAVIS  
E-Mail: sdavis@concho.com8. Lease Name and Well No.  
SPRUCE GOOSE FEDERAL COM 2H3. Address 2208 WEST MAIN  
ARTESIA, NM 882103a. Phone No. (include area code)  
Ph: 575-748-69469. API Well No.  
30-025-438784. Location of Well (Report location clearly and in accordance with Federal requirements)\*  
Sec 12 T19S R31E Mer NMP  
At surface NENE 985FNL 390FEL10. Field and Pool, or Exploratory  
LUSK; BONE SPRING, NORTH11. Sec., T., R., M., or Block and Survey  
or Area Sec 12 T19S R31E Mer NMPAt top prod interval reported below  
Sec 7 T19S R32E Mer NMP  
At total depth NENE 436FNL 57FEL12. County or Parish  
EDDY13. State  
NM14. Date Spudded  
08/12/201615. Date T.D. Reached  
08/27/201616. Date Completed  
☐ D & A ☒ Ready to Prod.  
11/20/201617. Elevations (DF, KB, RT, GL)\*  
3626 GL18. Total Depth: MD 14517  
TVD 926319. Plug Back T.D.: MD 14500  
TVD 926320. Depth Bridge Plug Set: MD  
TVD21. Type Electric & Other Mechanical Logs Run (Submit copy of each)  
NONE22. Was well cored? ☒ No ☐ Yes (Submit analysis)  
Was DST run? ☒ No ☐ Yes (Submit analysis)  
Directional Survey? ☐ No ☒ 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
17.500	13.375 J55	54.5	0	925		740		0	
12.250	9.625 J55	40.0	0	3099		930		0	
8.750	5.500 P110	17.0	0	14517		2190		172	

## 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	8685							

## 25. Producing Intervals

## 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9365	14450	9365 TO 14450	0.430	1496	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
9365 TO 14450	SEE ATTACHED

## 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
11/25/2016	11/25/2016	24	→	77.0	106.0	2334.0			ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	340	12.0	→	77	106	2334		POW	

## 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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

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

ELECTRONIC SUBMISSION #363341 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

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

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	4250	5305		RUSTLER	827
BRUSHY CANYON	5306	6801		TOS	930
BONE SPRING LM	6802	8052		TANSILL	2515
1ST BONE SPRING	8053	8899		QUEEN	3553
2ND BONE SPRING	8900	9265		DELAWARE	4250
				BRUSHY CANYON	5306
				BONE SPRING LM	6802
				1ST BONE SPRING	8053

32. Additional remarks (include plugging procedure):  
 Surveys & perms/stimulation are attached.  
  
 Additional Tops:  
 2nd Bone Spring: 8900'

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 #363341 Verified by the BLM Well Information System.**  
**For COG OPERATING LLC, sent to the Hobbs**

Name (please print) STORMI DAVIS Title PREPARER

Signature \_\_\_\_\_ (Electronic Submission) Date 01/10/2017

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**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***