

Revised March 23, 2017

RECEIVED:	REVIEWER:	TYPE:	APP NO:
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ABOVE THIS TABLE FOR OCD DIVISION USE ONLY

**NEW MEXICO OIL CONSERVATION DIVISION**  
 - Geological & Engineering Bureau -  
 1220 South St. Francis Drive, Santa Fe, NM 87505

**ADMINISTRATIVE APPLICATION CHECKLIST**

THIS CHECKLIST IS MANDATORY FOR ALL ADMINISTRATIVE APPLICATIONS FOR EXCEPTIONS TO DIVISION RULES AND  
 REGULATIONS WHICH REQUIRE PROCESSING AT THE DIVISION LEVEL IN SANTA FE

**Applicant:** COG Operating LLC **OGRID Number:** 229137  
**Well Name:** Myox 21 State Com 503H **API:** 30-015-47995  
**Pool:** San Lorenzo; Bone Spring **Pool Code:** 53600

**SUBMIT ACCURATE AND COMPLETE INFORMATION REQUIRED TO PROCESS THE TYPE OF APPLICATION  
 INDICATED BELOW**

- 1) **TYPE OF APPLICATION:** Check those which apply for [A]  
 A. Location - Spacing Unit - Simultaneous Dedication  
☒ NSL ☐ NSP (PROJECT AREA) ☐ NSP (PRORATION UNIT) ☐ SD

- B. Check one only for [I] or [II]  
 [I] Commingling - Storage - Measurement  
☐ DHC ☐ CTB ☐ PLC ☐ PC ☐ OLS ☐ OLM  
 [II] Injection - Disposal - Pressure Increase - Enhanced Oil Recovery  
☐ WFX ☐ PMX ☐ SWD ☐ IPI ☐ EOR ☐ PPR

- 2) **NOTIFICATION REQUIRED TO:** Check those which apply.  
 A. ☒ Offset operators or lease holders  
 B. ☐ Royalty, overriding royalty owners, revenue owners  
 C. ☐ Application requires published notice  
 D. ☐ Notification and/or concurrent approval by SLO  
 E. ☐ Notification and/or concurrent approval by BLM  
 F. ☐ Surface owner  
 G. ☒ For all of the above, proof of notification or publication is attached, and/or,  
 H. ☐ No notice required

**FOR OCD ONLY**

- ☐ Notice Complete  
☐ Application  
 Content  
 Complete

- 3) **CERTIFICATION:** I hereby certify that the information submitted with this application for administrative approval is **accurate** and **complete** to the best of my knowledge. I also understand that **no action** will be taken on this application until the required information and notifications are submitted to the Division.

**Note: Statement must be completed by an individual with managerial and/or supervisory capacity.**

Stan Wagner

Print or Type Name

Stan Wagner  
 Signature

03/02/2021

Date

(432) 253-9685

Phone Number

stan.s.wagner@conocophillips.com

e-mail Address



March 2, 2021

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

RE: Application for Administrative Approval of Non-Standard Location  
Myox 21 State Com 503H

Dear Mr. Lowe:

COG Operating LLC requests administrative approval of a non-standard location for the Myox 21 State Com 503H, API number 30-015-47995. The 503H well is proposed to be completed in the San Lorenzo; Bone Spring pool, Pool Code 53600. This pool has special pool rules specifying the completed interval must be located 100 feet from the exterior boundary of the applicable spacing unit.

Approval of the non-standard completed interval will allow for efficient spacing of horizontal wells and thereby prevent waste.

The proposed completed interval is projected as follows:

Surface Location -	240' FNL & 2525' FWL UL C Sec. 28-25S-28E Eddy County, NM
First Take Point -	<b>10' FSL &amp; 1485' FWL UL N Sec. 21-25S-28E</b>
Last Take Point -	100' FNL & 1485' FWL UL C Sec. 16-25S-28E
Bottom Hole -	50' FNL & 1485' FWL UL B Sec. 16-25S-28E
Proposed Pool-	San Lorenzo; Bone Spring (Pool Code 53600)

This will be a horizontal oil completion.

The Horizontal Spacing Unit will be 640 acres, W/2 of Sec 16 and W/2 of 21-25S-28E as shown on the enclosed C-102. **The HSU defining well is the Myox 21 State Com 503H.**

Notification List Enclosed

If additional information is needed, please contact me at 432-253-9685 or email at stan.s.wagner@conocophillips.com.

Sincerely,

A handwritten signature in blue ink that reads "Stan Wagner".  
Stan Wagner  
Regulatory Advisor



## District I

1625 N. French Dr., Hobbs, NM 88240  
Phone: (575) 393-6161 Fax: (575) 393-0720

## District II

811 S. First St., Artesia, NM 88210  
Phone: (575) 748-1283 Fax: (575) 748-9720

## District III

1000 Rio Brazos Road, Aztec, NM 87410  
Phone: (505) 334-6178 Fax: (505) 334-6170

## District IV

1220 S. St. Francis Dr., Santa Fe, NM 87505  
Phone: (505) 476-3460 Fax: (505) 476-3462

State of New Mexico  
Energy, Minerals & Natural Resources Department  
OIL CONSERVATION DIVISION  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-102  
Revised August 1, 2011  
Submit one copy to appropriate  
District Office

☐ AMENDED REPORT

## WELL LOCATION AND ACREAGE DEDICATION PLAT

1 API Number 30-015-47995		2 Pool Code 53600		3 Pool Name San Lorenzo; Bone Spring	
4 Property Code		5 Property Name MYOX 21 STATE COM			6 Well Number 503H
7 OGRID No. 229137		8 Operator Name COG OPERATING LLC			9 Elevation 2968'

## " Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	28	25-S	28-E		240'	NORTH	2525'	WEST	EDDY

## " Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
C	16	25-S	28-E		50'	NORTH	1485'	WEST	EDDY

12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
640			

No allowable will be assigned to this completion until all interests have been consolidated or a non-standard unit has been approved by the division.

<p>Diagram showing well locations BHL, LTP, FTP, and SHL with coordinates and distances. The diagram includes a grid with sections 16, 21, and 28. Key points are labeled with their coordinates and distances from the corners.</p>	<p><b>17 OPERATOR CERTIFICATION</b></p> <p>I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief, and that this organization either owns a working interest or unleased mineral interest in the land including the proposed bottom hole location or has a right to drill this well at this location pursuant to a contract with an owner of such a mineral or working interest, or to a voluntary pooling agreement or a compulsory pooling order heretofore entered by the division.</p> <p>Signature: <u>Stan Wagner</u> Date: <u>1/26/21</u></p> <p>Printed Name: <u>Stan Wagner</u></p> <p>E-mail Address: _____</p>
	<p><b>18 SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey: _____</p> <p>Signature and Seal of Professional Surveyor: _____</p> <p>Certificate Number: _____</p>
	<p><b>BOTTOM HOLE LOCATION (BHL)</b> NEW MEXICO EAST - NAD 83 X=614740.60 LAT.= 32.13722414° N Y=413738.64 LONG.= 104.09618645° W 50' FNL, 1485' FWL - SECTION 16</p>
	<p><b>LAST TAKE POINT (LTP)</b> NEW MEXICO EAST - NAD 83 X=614741.05 LAT.= 32.13708670° N Y=413688.64 LONG.= 104.09618536° W 100' FNL, 1485' FWL - SECTION 16</p>
<p><b>FIRST TAKE POINT (FTP)</b> NEW MEXICO EAST - NAD 83 X=614833.56 LAT.= 32.10817142° N Y=403170.10 LONG.= 104.09596133° W 10' FSL, 1485' FWL - SECTION 21</p>	<p><b>SURFACE HOLE LOCATION (SHL)</b> NEW MEXICO EAST - NAD 83 X=615875.48 LAT.= 32.10750334° N Y=402929.38 LONG.= 104.09259797° W 240' FNL, 2525' FWL - SECTION 28</p>

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12 Dedicated Acres	13 Joint or Infill	14 Consolidation Code	15 Order No.
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	<p><b>18 SURVEYOR CERTIFICATION</b></p> <p>I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.</p> <p>Date of Survey Signature and Seal of Professional Surveyor</p> <p> Garrett J. Smelker 25036 12/19/19 PROFESSIONAL SURVEYOR</p> <p>Certificate Number</p>
	<p><b>BOTTOM HOLE LOCATION (BHL)</b> NEW MEXICO EAST - NAD 83 X=614740.60 LAT.= 32.13722414° N Y=413738.64 LONG.= 104.09618645° W 50' FNL, 1485' FWL - SECTION 16</p>
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<p><b>SURFACE HOLE LOCATION (SHL)</b> NEW MEXICO EAST - NAD 83 X=615875.48 LAT.= 32.10750334° N Y=402929.38 LONG.= 104.09259797° W 240' FNL, 2525' FWL - SECTION 28</p>	



February 22, 2021

RE: Myox 21 State Com 501H, 502H & 503H (the "Wells")  
Off lease and Non-Standard Location Notification

To Whom It May Concern,

In regards to the above referenced Wells, COG operating LLC ("COG") is planning to off-lease the surface locations for the wells in the N2 of Section 28, Township 25 South, Range 28 East, Eddy Co., NM. The FTP for each well will also be located in a non-standard location. COG is the current operator of the leasehold underlying the N2 of Section 28 however, in addition to COG, the following are Working Interest owners to be notified:

**OXY Y-1 Company**

5 Greenway Plaza, Suite 110  
Houston, TX 77046

**EOG Resources Inc.**

5509 Champions Dr.  
Midland, TX 79706

**Concho Oil& Gas LLC**

600 W. Illinois Ave  
Midland, TX 79701

Thanks,

Lizzy Laufer (*No Signature Required*)  
Landman



February 23, 2021

EOG Resources, Inc.  
5509 Champions Drive  
Midland, TX 79706

RE: Application for Administrative Approval of Non-Standard Location  
Myox 21 State Com 503H

To Whom It May Concern,

This letter is to advise you that COG Operating LLC has filed the enclosed Well Dedication and Acreage Plat (C-102) with the New Mexico Oil Conservation Division seeking an Administrative Approval of a non-standard location in Section 21-T25S-R28E (FTP) of Eddy County, NM.

Should your company have any objection to this location, it must be filed in writing within 20 days from the date of this notice. No response within the 20-day notice period shall constitute an approval / waiver of protest to COG's non-standard location application.

If additional information is needed, please contact me at 432-253-9685 or email at [stan.s.wagner@conocophillips.com](mailto:stan.s.wagner@conocophillips.com).

Sincerely,

A handwritten signature in blue ink that reads "Stan Wagner".

Stan Wagner  
Regulatory Advisor





February 23, 2021

Oxy Y-1 Company  
5 Greenway Plaza, Suite 110  
Houston, TX 77046

RE: Application for Administrative Approval of Non-Standard Location  
Myox 21 State Com 503H

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Stan Wagner  
Regulatory Advisor

Date Sent	Notification Sent to:	Receipt No.
	Myox 21 State Com 501H	
2/23/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4591
2/23/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4584
	Myox 21 State Com 502H	
2/23/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4591
2/23/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4584
	Myox 21 State Com 503H	
2/23/2021	EOG Resources, INC., 5509 Champions Drive, Midland, TX 79706	91-7199-9991-7035-3278-4591
2/23/2021	OXY Y-1 Company, 5 Greenway Plaza, Suite 110, Houston, TX 77046	91-7199-9991-7035-3278-4584



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  EOG Resources, Inc. 5509 Champions Drive Midland, TX 79706		B. Received by (Printed Name) <i>Chen Ben</i> C. Date of Delivery <i>2-21-21</i>	
		D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. 91 7199 9991 7035 3278 4591			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>CV19</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
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		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
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**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

CONDITIONS  
  
Action 19591

CONDITIONS OF APPROVAL

Operator:	COG OPERATING LLC	600 W Illinois Ave	Midland, TX79701	OGRID:	229137	Action Number:	19591	Action Type:	NSL
OCD Reviewer									Condition
Ilowe									None