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|---|---|--|---|------------------|----------------------|--|--|---|----------------|---------------|
| Submit To Appropriate District Office Two Copies 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 and Natural Resources Oil Conservation Division 1220 South St. Francis Dr. Santa Fe, NM 87505 | Form C-105 Revised April 3, 2017 | | | | | | | | |
| | | 1. WELL API NO. 30-015-45967 | | | | | | | | |
| | | 2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN | | | | | | | | |
| | | 3. State Oil & Gas Lease No. | | | | | | | | |
| WELL COMPLETION OR RECOMPLETION REPORT AND LOG | | | | | | | | | | |
| 4. Reason for filing: <input checked="" type="checkbox"/> COMPLETION REPORT (Fill in boxes #1 through #31 for State and Fee wells only) <input type="checkbox"/> C-144 CLOSURE ATTACHMENT (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC) | | 5. Lease Name or Unit Agreement Name Myox 6 State Com | | | | | | | | |
| | | 6. Well Number: 510H | | | | | | | | |
| 7. Type of Completion: <input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER | | | | | | | | | | |
| 8. Name of Operator COG Operating LLC | | 9. OGRID 229137 | | | | | | | | |
| 10. Address of Operator 2208 W. Main Street Artesia, NM 88210 | | 11. Pool name or Wildcat Hay Hollow; Bone Spring | | | | | | | | |
| 12. Location | Unit Ltr | Section | Township | Range | Lot | Feet from the | N/S Line | Feet from the | E/W Line | County |
| Surface: | 1 | 6 | 26S | 28E | | 670 | North | 845 | West | Eddy |
| BH: | 1 | 30 | 25S | 28E | | 51 | South | 348 | West | Eddy |
| 13. Date Spudded 8/12/19 | 14. Date T.D. Reached 8/31/19 | | 15. Date Rig Released 9/4/19 | | | 16. Date Completed (Ready to Produce) 1/29/20 | | 17. Elevations (DF and RKB, RT, GR, etc.) 3080' GR | | |
| 18. Total Measured Depth of Well 19,042' | | | 19. Plug Back Measured Depth 18,834' | | | 20. Was Directional Survey Made? Yes | | 21. Type Electric and Other Logs Run None | | |
| 22. Producing Interval(s), of this completion - Top, Bottom, Name 8,580-18,805' Bone Spring | | | | | | | | | | |
| 23. CASING RECORD (Report all strings set in well) | | | | | | | | | | |
| CASING SIZE | | WEIGHT LB./FT. | | DEPTH SET | | HOLE SIZE | | CEMENTING RECORD | | AMOUNT PULLED |
| 13 3/8" | | 54.5# | | 435' | | 17 1/2" | | 1092 sx | | |
| 9 5/8" | | 40# | | 2354' | | 12 1/4" | | 775 sx | | |
| 5 1/2" | | 20# | | 19028' | | 8 3/4" | | 3285 sx | | |
| 24. LINER RECORD | | | | | | | | | | |
| SIZE | | TOP | | BOTTOM | | SACKS CEMENT | | SCREEN | | |
| | | | | | | | | | | |
| 25. TUBING RECORD | | | | | | | | | | |
| SIZE | | DEPTH SET | | PACKER SET | | | | | | |
| 2 7/8" | | 7578' | | 7568' | | | | | | |
| 26. Perforation record (interval, size, and number) 8,580-18,805' (1456) | | | | | | 27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL AMOUNT AND KIND MATERIAL USED 8,580-18,805' Acdz w/158,892 gal 7 1/2%; Frac with 26,111,430# sand & 21,822,282 gal fluid | | | | |
| 28. PRODUCTION | | | | | | | | | | |
| Date First Production 2/3/2020 | | | Production Method (<i>Flowing, gas lift, pumping - Size and type pump</i>) Flowing | | | | Well Status (<i>Prod. or Shut-in</i>) Producing | | | |
| Date of Test 2/3/2020 | Hours Tested 24 | Choke Size 34/64" | Prod'n For Test Period 24 Hrs | Oil - Bbl 653 | Gas - MCF 662 | Water - Bbl. 1404 | Gas - Oil Ratio | | | |
| Flow Tubing Press. 1150# | Casing Pressure 800# | Calculated 24-Hour Rate | Oil - Bbl. 653 | Gas - MCF 662 | Water - Bbl. 1404 | Oil Gravity - API - (<i>Corr.</i>) | | | | |
| 29. Disposition of Gas (<i>Sold, used for fuel, vented, etc.</i>) Sold | | | | | | 30. Test Witnessed By Charlie Hoff | | | | |
| 31. List Attachments Surveys | | | | | | | | | | |
| 32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit. | | | | | | 33. Rig Release Date: 9/4/19 | | | | |
| 34. If an on-site burial was used at the well, report the exact location of the on-site burial: Latitude _____ Longitude _____ NAD83 | | | | | | | | | | |
| I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief Printed | | | | | | | | | | |
| Signature <i>Amanda Avery</i> | | | Name: Amanda Avery | | | Title Regulatory Analyst | | | Date 3/26/2020 | |
| E-mail Address: aavery@concho.com | | | | | | | | | | |

