

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

APR 27 2015

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

RECEIVED

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 229137
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 025-41803	⁵ Pool Name Cruz; Bone Spring	⁶ Pool Code 14865
⁷ Property Code 310145	⁸ Property Name Brinninstool Unit	⁹ Well Number 4H

II. ¹⁰ Surface Location

Ul or lot no. P	Section 20	Township 23S	Range 33E	Lot Idn	Feet from the 330	North/South Line South	Feet from the 752	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. A	Section 20	Township 23S	Range 32E	Lot Idn	Feet from the 341	North/South Line North	Feet from the 721	East/West line East	County Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID 151618	¹⁹ Transporter Name and Address Enterprise Field Services, LLC P.O. Box 4503 Houston, TX 77210-4503	²⁰ O/G/W O

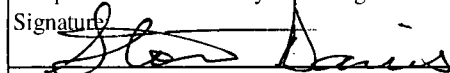
IV. Well Completion Data

²¹ Spud Date 12/15/14	²² Ready Date 4/1/15	²³ TD 15407'	²⁴ PBSD 15265'	²⁵ Perforations 11231-15240'	²⁶ DHC, MC
²⁷ Hole Size 17 1/2"	²⁸ Casing & Tubing Size 13 3/8"	²⁹ Depth Set 1395'	³⁰ Sacks Cement 1300		
12 1/4"	9 5/8"	5132'	1525		
8 3/4"	7"	12354'	1810 (TOC @ 1500')		
6 1/8"	4 1/2"	10358-15407'	560		
	2 7/8"	10481'			

V. Well Test Data

³¹ Date New Oil 4/4/15	³² Gas Delivery Date	³³ Test Date 4/19/15	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 1150#	³⁶ Csg. Pressure
³⁷ Choke Size 28/64"	³⁸ Oil 1277	³⁹ Water 3464	⁴⁰ Gas 958		⁴¹ Test Method Flowing

⁴² 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:
4/23/15

Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by:





Title: Petroleum Engineer

Approval Date:

05/04/15

E-PERMITTING -- New Well _____

Comp  P&A _____ TA _____CSNG  Loc Chng _____

BACOM _____ ADD MEMORANDUM _____

MAY 04 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

5. Lease Serial No.
NMNM2386A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.
NMNM70796X

8. Well Name and No.
BRINNINSTOOL UNIT 4H

9. API Well No.
30-025-41803

10. Field and Pool, or Exploratory
CRUZ; BONE SPRING

11. County or Parish, and State
LEA COUNTY, NM

SUBMIT IN TRIPLICATE - Other instructions on reverse side

RECEIVED
APR 27 2015

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
COG OPERATING LLC
Contact: STORMI DAVIS
E-Mail: sdavis@concho.com

3a. Address
2208 WEST MAIN
ARTESIA, NM 88210
3b. Phone No. (include area code)
Ph: 575-748-6946

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 20 T23S R33E Mer NMP SESE 330FSL 752FEL

12. CHECK 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"/> Fracture Treat	<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	Drilling Operations
	<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 recompleate 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompleation in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

12/15/14 Spud well.

12/17/14 TD 17 1/2" hole @ 1400'. Set 13 3/8" 54.5# J-55 csg @ 1395'. Cmt w/1050 sx Class C. Tailed in w/250 sx. Circ 460 sx to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

12/20/14 TD 12 1/4" hole @ 5132'. Set 9 5/8" 40# J-55 csg @ 5132'. Cmt w/1275 sx Class C. Tailed in w/250 sx. Circ 369 sx to surface. WOC 18 hrs. Test csg to 1500#. Drilled out 5' below FS w/10# brine - no loss of circ.

1/3/15 TD 8 3/4" vertical hole @ 12560'. Set 7" 29# P-110 csg @ 12354'. Set DVT @ 6874'. Cmt Stage 1 w/810 sx Class C. Tailed in w/100 sx. Circ 166 sx. Cmt Stage 2 w/800 sx Class C. Tailed

14. I hereby certify that the foregoing is true and correct.
**Electronic Submission #292803 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 02/24/2015

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.

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

Additional data for EC transaction #292803 that would not fit on the form

32. Additional remarks, continued

in w/100 sx. DNC. Est TOC @ 1500'. WOC 18 hrs. Test csg to 1500#.

Drill cmt & DVT. Drill 6 1/8" pilot hole to 14125'. Set 1st plug @ 14125-13200' w/210 sx. Set 2nd plug 13088-11403' w/340 sx. Set CIBP @ 10520' (KOP).

2/3/15 TD 6 1/8" lateral @ 15407'. Set 4 1/2" 13.5# P-110 liner 10358-15407'. Cmt w/260 sx Class C. Tailed in w/300 sx. Circ 113 sx to surface. WOC & test to 1436#.

2/8/15 Rig released.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBBS OCD

APR 27 2015

RECEIVED

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010**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 reverse side.**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM2386A
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No. NMNM70796X
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	8. Well Name and No. BRINNINSTOOL UNIT 4H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 20 T23S R33E Mer NMP SESE 330FSL 752FEL		9. API Well No. 30-025-41803
		10. Field and Pool, or Exploratory CRUZ; BONE SPRING
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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 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 shall 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 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

2/26/15 to 3/7/15 MIRU. Load & test 7" annulus to 1500#. Test csg to 8500# for 15 mins. Good test. Clean out to LC @ 15335'. Test csg to 8500#. Good test. Perforate 15290-15300' (60). Pump injection test.

3/16/15 to 3/23/15 Set CBP @ 15265'. Test to 6000#. Good test. Perforate Bone Spring 11231-15240' (756). Acdz w/122109 gal 7 1/2% acid. Frac w/6500507# sand & 6941240 gal fluid.

3/31/15 to 4/1/15 Set 2 7/8" 6.5# L-80 tbg @ 10481' & pkr @ 10471'. Test csg to 1500#. Good test.

4/2/15 Began flowing back & testing.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #299151 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 04/23/2015

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.

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

Additional data for EC transaction #299151 that would not fit on the form

32. Additional remarks, continued

4/4/15 Date of first production.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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. NMNM2386A	
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		7. Unit or CA Agreement Name and No. NMNM70796X	
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		8. Lease Name and Well No. BRINNINSTOOL UNIT 4H	
3. Address 2208 W MAIN ST ARTESIA, NM 88210		9. API Well No. 30-025-41803	
3a. Phone No. (include area code) Ph: 575-748-6946		10. Field and Pool, or Exploratory CRUZ; BONE SPRING	
4. Location of Well (Report location clearly and in accordance with Federal requirements)* At surface Sec 20 T23S R33E Mer NMP SESE 330FSL 752FEL At top prod interval reported below Sec 20 T23S R33E Mer NMP At total depth NENE 341FNL 721FEL <i>LA</i>		11. Sec., T., R., M., or Block and Survey or Area Sec 20 T23S R33E Mer NMP	
14. Date Spudded 12/15/2014		12. County or Parish LEA	
15. Date T.D. Reached 02/03/2015		13. State NM	
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 04/01/2015		17. Elevations (DF, KB, RT, GL)* 3687 GL	
18. Total Depth: MD 15407 TVD 11027		20. Depth Bridge Plug Set: MD 15265 TVD 11030	
19. Plug Back T.D.: MD 15265 TVD 11030			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)		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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1395		1300		0	
12.250	9.625 J55	40.0	0	5132		1525		0	
8.750	7.000 P110	29.0	0	12354	6874	1810		1500	
6.125	4.500 P110	13.5	10358	15407		560		10358	

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	10481	10471						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	11231	15240	11231 TO 15240	0.430	756	OPEN
B)			15290 TO 15300		60	UNDER CBP
C)						
D)						

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

Depth Interval	Amount and Type of Material
11231 TO 15240	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
04/04/2015	04/19/2015	24	→	1277.0	958.0	3464.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
28/64	1150 SI		→	1277	958	3464		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.	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 #299156 VERIFIED BY THE BLM WELL INFORMATION SYSTEM

**** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED ** OPERATOR-SUBMITTED **** *K2*

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.)
FLARED

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	5160	9029		RUSTLER	1295
BONE SPRING LM	9030	9229		TOS	1440
LEONARD SHALE	9230	10149		BOS	4990
1ST BONE SPRING	10150	10657		DELAWARE	5160
2ND BONE SPRING	10658	11327		BONE SPRING LM	9030
3RD BONE SPRING	11328	12275		1ST BONE SPRING	10150
WOLFCAMP	12276	12560		2ND BONE SPRING	10658
				3RD BONE SPRING	11328

32. Additional remarks (include plugging procedure):

Perfs 7 1/2" Sand (#) Fluid (gal)
 15111-15240 3066 306109 303660
 14917-15046 5418 312552 332010
 14723-14852 6006 312210 326130
 14529-14658 6024 310161 328504
 14335-14464 6006 308390 330792
 14141-14270 5982 312136 328920
 13947-14076 6006 311656 329448

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 #299156 Verified by the BLM Well Information System.
 For COG OPERATING LLC, sent to the Hobbs

Name (please print) STORMI DAVISTitle REGULATORY ANALYST

Signature _____ (Electronic Submission)

Date 04/23/2015

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

Additional data for transaction #299156 that would not fit on the form

32. Additional remarks, continued

13753-13882 5460 309856 349860
13559-13688 6006 311561 329742
13365-13494 6006 309317 326214
13171-13300 6048 310230 329028
12977-13106 6024 312703 349122
12783-12783 5982 309166 326148
12589-12718 6048 310203 326004
12395-12524 6006 313877 330036
12201-12330 5964 306705 345534
12007-12136 6048 306746 327642
11813-11942 6024 309562 326694
11619-11748 6006 309605 324744
11425-11554 6024 305434 343620
11231-11360 5957 302328 327390
Totals 122109 6500507 6941240

Additional Tops:
Wolfcamp 12276'

Surveys attached.