

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		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>			<b>Form C-105</b> Revised August 1, 2011		
		1. WELL API NO. 30-025-42145					
		2. Type of Lease <input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN					
		3. State Oil & Gas Lease No.					
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>							
4. Reason for filing:  <input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (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 West Pearl 36 State Com			
				6. Well Number:  3H <b>HOBBS OCD</b>			
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 Lea; Bone Spring <b>RECEIVED</b>			
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	
<b>Surface:</b>	P	25	19S	34E		240	
<b>BH:</b>	P	36	19S	34E		340	
13. Date Spudded 7/13/15	14. Date T.D. Reached 8/8/15	15. Date Rig Released 8/10/15		16. Date Completed (Ready to Produce) 8/29/15		17. Elevations (DF and RKB, RT, GR, etc.) 3734' GR	
18. Total Measured Depth of Well 15401'		19. Plug Back Measured Depth 15350'		20. Was Directional Survey Made? Yes		21. Type Electric and Other Logs Run None	
22. Producing Interval(s), of this completion - Top, Bottom, Name 11218-15325' Bone Spring							
<b>CASING RECORD (Report all strings set in well)</b>							
CASING SIZE	WEIGHT LB./FT.	DEPTH SET		HOLE SIZE		CEMENTING RECORD	
13 3/8"	54.5#	1848'		17 1/2"		1400 sx	
9 5/8"	36#	3638'		12 1/4"		925 sx	
5 1/2"	17#	15379'		8 3/4"		2300 sx	
<b>24. LINER RECORD</b>				<b>25. TUBING RECORD</b>			
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN	SIZE	DEPTH SET	
					2 7/8"	10406'	
						10396'	
26. Perforation record (interval, size, and number)  11218-15325' (756)				27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC. DEPTH INTERVAL      AMOUNT AND KIND MATERIAL USED 11218-15325'      Acdz w/62622 gal 7 1/2%; Frac w/6498725# sand & 6616344 gal fluid			
<b>28. PRODUCTION</b>							
Date First Production 9/7/15		Production Method (Flowing, gas lift, pumping - Size and type pump) Flowing			Well Status (Prod. or Shut-in) Producing		
Date of Test 9/11/15	Hours Tested 24	Choke Size	Prod'n For Test Period	Oil - Bbl 317	Gas - MCF 152	Water - Bbl. 1674	
Flow Tubing Press. 160#	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl. 317	Gas - MCF 152	Water - Bbl. 1674	Oil Gravity - API - (Corr.)	
29. Disposition of Gas (Sold, used for fuel, vented, etc.) Sold					30. Test Witnessed By Tyler Deans		
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. If an on-site burial was used at the well, report the exact location of the on-site burial:							
Latitude			Longitude		NAD 1927 1983		
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							
Signature 		Printed Name: Stormi Davis		Title Regulatory Analyst		Date: 9/16/15	
E-mail Address: sdavis@concho.com							

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico			Northwestern New Mexico	
T. Anhy			T. Ojo Alamo	T. Penn A"
T. Salt	1916'	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt	3332'	T. Atoka	T. Fruitland	T. Penn. "C"
T. Yates		T. Miss	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers		T. Devonian	T. Cliff House	T. Leadville
T. Queen		T. Silurian	T. Menefee	T. Madison
T. Grayburg		T. Montoya	T. Point Lookout	T. Elbert
T. San Andres		T. Simpson	T. Mancos	T. McCracken
T. Glorieta		T. Rustler 1831'	T. Gallup	T. Ignacio Otzte
T. Paddock		T. Delaware 5670'	Base Greenhorn	T. Granite
T. Blinebry		T. Brushy Canyon 6537'	T. Dakota	
T. Tubb		T. Bone Spring Lm 8165'	T. Morrison	
T. Drinkard		T. 1 <sup>st</sup> Bone Spring 9570'	T. Todilto	
T. Abo		T. 2 <sup>nd</sup> Bone Spring 10371'	T. Entrada	
T. Wolfcamp		T. 3 <sup>rd</sup> Bone Spring 10999'	T. Wingate	
T. Penn			T. Chinle	
T. Cisco (Bough C)			T. Permian	

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to..... No. 3, from.....to.....  
No. 2, from.....to..... No. 4, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology