

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

Form C-104
Revised August 1, 2011

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

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address COG Production LLC 2208 W. Main Street Artesia, NM 88210		² OGRID Number 217955
		³ Reason for Filing Code/ Effective Date NW
⁴ API Number 30 - 025-43171	⁵ Pool Name WC-025 G-06 S253206M; Bone Spring	⁶ Pool Code 97899
⁷ Property Code 39881	⁸ Property Name Azores Federal	⁹ Well Number 11H

II. ¹⁰ Surface Location

Ul or lot no. B	Section 32	Township 24S	Range 32E	Lot Idn	Feet from the 210	North/South Line North	Feet from the 2470	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. B	Section 29	Township 24S	Range 32E	Lot Idn	Feet from the 62	North/South Line North	Feet from the 2309	East/West line East	County Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 1/15/17	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
	Alpha Crude Connector Pipeline	O
	Lucid Energy	G

IV. Well Completion Data

²¹ Spud Date 6/17/16	²² Ready Date 1/14/17	²³ TD 14398'	²⁴ PBTD 14367'	²⁵ Perforations 9390-14340'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	855'	950		
12 1/4"	9 5/8"	4670'	1470		
8 3/4"	5 1/2"	14390'	2160		
	2 7/8"	8591'			

V. Well Test Data

³¹ Date New Oil 1/15/17	³² Gas Delivery Date 1/15/17	³³ Test Date 1/15/17	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 700#	³⁶ Csg. Pressure
³⁷ Choke Size 34/64"	³⁸ Oil 19	³⁹ Water 1960	⁴⁰ Gas 350	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:
1/31/17

Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by:

Title:

Petroleum Engineer

Approval Date:

02/08/17

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FEB 06 2017

RECEIVED

FORM APPROVED
OMB No. 1004- 0137
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 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. NMNM120908
2. Name of Operator COG Production LLC		6. If Indian, Allottee, or Tribe Name
3a. Address 2208 W. Main Street Artesia, NM 88210	3b. Phone No. (include area code) 575-748-6946	7. If Unit or CA. Agreement Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 210' FNL & 2470' FEL, Unit B (NWNE) Sec 32-T24S-R32E		8. Well Name and No. Azores Federal #11H
Lat. Long.		9. API Well No. 30-025-43171
		10. Field and Pool, or Exploratory Area WC-025 G06 S253206M; Bone Spring
		11. County or Parish, State Lea NM

12. CHECK APPROPRIATE BOX(S) 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 type="checkbox"/> Altering Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete	<input checked="" type="checkbox"/> Other <u>Completion Operations</u>
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and abandon	<input type="checkbox"/> Temporarily Abandon	
<input type="checkbox"/> Final Abandonment Notice	<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 or pertinent markers and sands. Attach the Bond under which the work will performed or provide the Bond No. on file with the 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 recompleat in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notice shall be filed only after all requirements, including reclamentation, have been completed, and the operator has determined that the site is ready for final inspection.)

7/17/16 to 7/28/16 Drill out FC, FS & new formation to 14398'. Circ clean. Test annulus to 1500#. Good test. Ran CBL. TOC @ 2164'. Set CBP @ 14367'.

10/20/16 to 10/30/16 Perf 9390-14340' (1452). Acdz w/100,716 gal 7 1/2% acid; frac w/14,952,094# sand & 16,809,114 gal fluid.

11/16/16 to 11/20/16 Drilled out all frac plugs & cleaned down to CBP.

11/21/16 to 11/22/16 Set 2 7/8" 6.5# L-80 tbg @ 8591' & pkr @ 8574'. Installed gas-lift system. Shut-in for Azores 8H & 12H drill-out.

1/14/17 Began flowing back & testing.

1/15/17 Date of 1st production.

14. I hereby certify that the foregoing is true and correct.
Name (Printed/ Typed)

Stormi Davis

Title: Regulatory Analyst

Signature:

Date: EC 2/1/17

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 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)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMNM120908		
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 PRODUCTION LLC			Contact: STORMI DAVIS E-Mail: sdavis@concho.com		
3. Address 2208 WEST MAIN ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6946		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 32 T24S R32E Mer NMP At surface NWNE 210FNL 2470FEL At top prod interval reported below Sec 29 T24S R32E Mer NMP At total depth NWNE 62FNL 2309FEL			8. Lease Name and Well No. AZORES FEDERAL 11H		
14. Date Spudded 06/17/2016			15. Date T.D. Reached 06/28/2016		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 01/14/2017			9. API Well No. 30-025-43171		
18. Total Depth: MD 14398 TVD 9107			19. Plug Back T.D.: MD 14367 TVD 9107		
20. Depth Bridge Plug Set: MD 14367 TVD 9107			10. Field and Pool, or Exploratory WC; BONE SPRING		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE			11. Sec., T., R., M., or Block and Survey or Area Sec 32 T24S R32E Mer NMP		
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)			12. County or Parish LEA		
			13. State NM		
			17. Elevations (DF, KB, RT, GL)* 3492 GL		

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	855		950		0	
12.250	9.625 J55	40.0	0	4670		1470		0	
8.750	5.500 P110	17.0	0	14390		2160		2164	

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	8591	8574						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9390	14340	9390 TO 14340	0.430	1452	OPEN
B)						
C)						
D)						

26. Perforation Record

Depth Interval	Amount and Type of Material
9390 TO 14340	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
01/15/2017	01/15/2017	24	→	19.0	350.0	1960.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
34/64	SI		→	19	350	1960		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 #365617 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
LAMAR	4610	4634		RUSTLER	771
BELL CANYON	4635	5543		TOS	1097
CHERRY CANYON	5544	6904		BOS	4383
BRUSHY CANYON	6905	8520		LAMAR	4610
BONE SPRING LM	8521	8804		BELL CANYON	4635
UP AVALON SH	8805	9127		CHERRY CANYON	5544
LO AVALON SH	9128	9129		BRUSHY CANYON	6905
				BONE SPRING LM	8521

32. Additional remarks (include plugging procedure):
Surveys, perms & stimulation are attached.

Additional Tops:
Up Avalon Sh: 8805'
Lo Avalon Sh: 9128'

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 #365617 Verified by the BLM Well Information System.
For COG PRODUCTION LLC, sent to the Hobbs

Name (please print) STORMI DAVISTitle PREPARER

Signature _____ (Electronic Submission)

Date 02/01/2017

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.

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