

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

<sup>1</sup> Operator name and Address COG Operating LLC 2208 W. Main Street Artesia, NM 88210		<sup>2</sup> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW
<sup>4</sup> API Number 30 - 025-43299	<sup>5</sup> Pool Name WC-025 G-09 S243532M; Wolfbone	<sup>6</sup> Pool Code 98098
<sup>7</sup> Property Code 314771	<sup>8</sup> Property Name Skull Cap Federal Com	<sup>9</sup> Well Number 22H

II. <sup>10</sup> Surface Location

Ul or lot no. J	Section 32	Township 24S	Range 35E	Lot Idn	Feet from the 2590	North/South Line South	Feet from the 1980	East/West line East	County Lea
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<sup>11</sup> Bottom Hole Location

Ul or lot no. O	Section 5	Township 25S	Range 35E	Lot Idn	Feet from the 67	North/South Line South	Feet from the 1947	East/West line East	County Lea
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 1/6/17	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
	Tiller Well Service 221 S. College Ave Tyler, TX 75702	O
24650	Targa Midstream Services, LP 1000 Louisiana - Ste 4700 Houston, TX 77002	G

IV. Well Completion Data

<sup>21</sup> Spud Date 9/5/16	<sup>22</sup> Ready Date 12/18/16	<sup>23</sup> TD 20175'	<sup>24</sup> PBDT 20076'	<sup>25</sup> Perforations 12807-20051'	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
18 1/8"	16"	807'	440		
13 1/2"	10 3/4"	5378'	2160		
9 7/8"	7 5/8"	11962'	1480		
6 3/4"	5" & 5 1/2"	20175'	1420		
	2 7/8"	11544'			

V. Well Test Data

<sup>31</sup> Date New Oil 12/31/16	<sup>32</sup> Gas Delivery Date 1/6/17	<sup>33</sup> Test Date 12/31/16	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 3975#	<sup>36</sup> Csg. Pressure 1075#
<sup>37</sup> Choke Size	<sup>38</sup> Oil 10	<sup>39</sup> Water 2819	<sup>40</sup> Gas 0	<sup>41</sup> Test Method Flowing	

<sup>42</sup> 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:  
3/14/17

Phone:  
575-748-6946

OIL CONSERVATION DIVISION

Approved by:

Title:

Petroleum Engineer

Approval Date:

2/22/17

NSL APPROVED 2/3/17

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. NMNM132948		
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			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)* At surface Sec 32 T24S R35E Mer NMP NWSE 2590FSL 1980FEL			8. Lease Name and Well No. SKULL CAP FEDERAL COM 22H		
At top prod interval reported below Sec 5 T25S R35E Mer NMP			9. API Well No. 30-025-43299		
At total depth SWSE 67FSL 1947FEL			10. Field and Pool, or Exploratory WC025 G09 S243532M; WLFBN		
14. Date Spudded 09/05/2016			15. Date T.D. Reached 10/04/2016		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 12/18/2016			17. Elevations (DF, KB, RT, GL)* 3286 GL		
18. Total Depth: MD 20175 TVD 12581			19. Plug Back T.D.: MD 20076 TVD 12585		
20. Depth Bridge Plug Set: MD 20076 TVD 12585			21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE		
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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
18.125	16.000 J55	75.0	0	807		440		0	
13.500	10.750 N80	45.5	0	5378		2160		0	
6.750	5.500 P110	23.0	0	11650		1420		0	
9.875	7.625 P110	29.7	0	11962		1480		0	
6.750	5.000 P110	18.0	11650	20175					

## 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	11544	11535						

## 25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFCAMP	12807	20051	12807 TO 20051	0.430	1764	OPEN
B)			20101 TO 20111		60	UNDER CBP
C)						
D)						

## 26. Perforation Record

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

Depth Interval	Amount and Type of Material
12807 TO 20051	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
12/31/2016	12/31/2016	24	→	10.0	0.0	2819.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	3975	1075.0	→	10	0	2819		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. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #369746 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	5328	5352		RUSTLER	700
BELL CANYON	5353	6318		TOS	1070
CHERRY CANYON	6319	7868		BOS	4992
BRUSHY CANYON	7869	9138		LAMAR	5328
BONE SPRING LM	9139	10344		BELL CANYON	5353
1ST BONE SPRING	10345	10903		CHERRY CANYON	6319
2ND BONE SPRING	10904	11919		BRUSHY CANYON	7869
3RD BONE SPRING	11920	12363		BONE SPRING LM	9139

32. Additional remarks (include plugging procedure):  
Gas was connected to sales 1/6/17.

Surveys, perfs & stimulation are attached.

Additional Tops:  
1st Bone Spring 10345'  
2nd Bone Spring 10904'  
3rd Bone Spring 11920'

## 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 #369746 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs

Name (please print) STORMI DAVIS

Title PREPARER

Signature (Electronic Submission)

Date 03/14/2017

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***

**Additional data for transaction #369746 that would not fit on the form**

**32. Additional remarks, continued**

Wolfcamp 12364'

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENTFORM APPROVED  
OMB NO. 1004-0137  
Expires: January 31, 2018**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.  
NMNM132948

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.  
SKULL CAP FEDERAL COM 22H9. API Well No.  
30-025-4329910. Field and Pool or Exploratory Area  
WOLFBONE11. County or Parish, State  
LEA COUNTY, NM**SUBMIT IN TRIPLICATE - Other instructions on page 2**

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator  
COG OPERATING LLCContact: STORMI DAVIS  
E-Mail: sdavis@concho.com3a. Address  
2208 WEST MAIN  
ARTESIA, NM 882103b. Phone No. (include area code)  
Ph: 575-748-69464. Location of Well (Footage, Sec., T., R., M., or Survey Description)  
Sec 32 T24S R35E Mer NMP NWSE 2590FSL 1980FEL**12. CHECK THE 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"/> Hydraulic Fracturing	<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 recompleat 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

10/24/16 to 11/2/16 Test annulus to 1500#. Good test. Test csg to 11000# for 15 mins. Good test. Perf 20101-20111' (60). Load w/42 bbls 2% KCL.  
11/17/16 to 12/13/16 Test annulus to 1500#. Good test. Set CBP @ 20076'. Test to 8545'. Good test. Perf 12807-20051' (1764). Acdz w/153,048 gal 7 1/2%; frac w/14,722,706# sand & 14,575,974 gal fluid.

12/14/16 to 12/17/16 Drilled out CFP's.

12/18/17 Set 2 7/8" 6.5# L-80 tbg @ 11544' & pkr @ 11535'. Installed gas-lift system.

12/31/16 Began flowing back & testing. Date of first production.  
1/6/17 Gas connected to sales.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #369738 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 03/14/2017

**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.

(Instructions on page 2)

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