

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

Form C-104
Revised August 1, 2011

Submit one copy to appropriate District Office

☐ 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 - 025-45116	⁵ Pool Name WC-025 G-09 S243532M; WOLFBONE		⁶ Pool Code 98098
⁷ Property Code 322259	⁸ Property Name Fascinator Federal Com		⁹ Well Number 706H

II. ¹⁰ Surface Location

UI or lot no. 1	Section 30	Township 24S	Range 35E	Lot Idn	Feet from the 210	North/South Line North	Feet from the 330	East/West line West	County Lea
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¹¹ Bottom Hole Location

UI or lot no. 4	Section 31	Township 24S	Range 35E	Lot Idn	Feet from the 201	North/South Line South	Feet from the 358	East/West line West	County Lea
¹² Lse Code P	¹³ Producing Method Code F	¹⁴ Gas Connection Date 9/13/19	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
	ACC	O
	Targa	G
	Holly Refining and Marketing Co.	O

IV. Well Completion Data

²¹ Spud Date 10/18/18	²² Ready Date 9/13/19	²³ TD 22705'	²⁴ PBDT 22610'	²⁵ Perforations 12,908-22,583'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement	
17 1/2"	13 3/8"	1187'		1010	
12 1/4"	9 5/8"	11920'		2695	
8 1/2"	5 1/2"	22708'		4170	
	2 7/8	12222'			

V. Well Test Data

³¹ Date New Oil 9/13/19	³² Gas Delivery Date 9/13/19	³³ Test Date 9/13/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 3450#	³⁶ Csg. Pressure 2725#
³⁷ Choke Size 20/64	³⁸ Oil 161	³⁹ Water 761	⁴⁰ Gas 161		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: <i>Amanda Avery</i>			OIL CONSERVATION DIVISION		
Printed name: Amanda Avery			Approved by: <i>[Signature]</i>		
Title: Regulatory Analyst			Title: L.M.		
E-mail Address: aavery@concho.com			Approval Date: 10/7/2019		
Date: 10/1/19		Phone: 575-748-6962			

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

5. Lease Serial No.
NMNM14164

1a. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Dry <input type="checkbox"/> Other			6. If Indian, Allottee or Tribe Name		
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 _____			7. Unit or CA Agreement Name and No.		
2. Name of Operator COG OPERATING LLC			Contact: AMANDA AVERY E-Mail: aavery@concho.com		
3. Address 2208 W MAIN STREET ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6940		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 30 T24S R35E Mer NMP At surface NWNW Lot 1 210FNL 330FWL 32.195169 N Lat, 103.414089 W Lon Sec 30 T24S R35E Mer NMP At top prod interval reported below NWNW Lot 1 210FNL 330FWL 32.195169 N Lat, 103.414089 W Lon Sec 31 T24S R35E Mer NMP At total depth SWSW Lot 4 201FSL 358FWL 32.167278 N Lat, 103.413935 W Lon			9. API Well No. 30-025-45116		
14. Date Spudded 10/18/2018			15. Date T.D. Reached 01/26/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 09/13/2019			17. Elevations (DF, KB, RT, GL)* 3372 GL		
18. Total Depth: MD 22708 TVD 12929			19. Plug Back T.D.: MD 22610 TVD 12929		
20. Depth Bridge Plug Set: MD 22610 TVD 12929			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 Sk. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	1187		1010		0	
12.500	9.625 L80	47.0	0	11918	5489	2695		0	
8.500	5.500 P110	23.0	0	22692		4170		0	

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	12222	12212						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	12908	22583	12908 TO 22583		1764	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
12908 TO 22583	SEE ATTACHED INFORMATION

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
09/13/2019	09/13/2019	24	→	161.0	161.0	761.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
20/64	3450	2725.0	→	161	161	761		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 #486199 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
RUSTLER	906			RUSTLER	906
TOP OF SALT	1371			TOP OF SALT	1371
BOTTOM OF SALT	5177			BOTTOM OF SALT	5177
LAMAR	5489			LAMAR	5489
BELL CANYON	5533			BELL CANYON	5533
CHERRY CANYON	6513			CHERRY CANYON	6513
BRUSHY CANYON	8058			BRUSHY CANYON	8058
BONE SPRING LIMESTONE	9370			BONE SPRING LIMESTONE	9370

32. Additional remarks (include plugging procedure):

1ST BONE SPRING 10506
2ND BONE SPRING 11125
3RD BONE SPRING 12110
WOLFCAMP 12593

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 #486199 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERYTitle AUTHORIZED REPRESENTATIVESignature (Electronic Submission)Date 10/02/2019

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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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.
NMNM14164

6. If Indian, Allottee or Tribe Name

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

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other2. Name of Operator
COG OPERATING LLCContact: AMANDA AVERY
E-Mail: aavery@concho.com8. Well Name and No.
FASCINATOR FEDERAL COM 706H9. API Well No.
30-025-451163a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-694010. Field and Pool or Exploratory Area
WC-025 G-09 S243532M; WOL

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 30 T24S R35E Mer NMP NWNW 210FNL 330FWL
32.195169 N Lat, 103.414089 W Lon

11. County or Parish, State

LEA COUNTY, NM

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	Hydraulic Fracture
	<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 recomple 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 recomple 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.

3/22/19 Test annulus to 1500# Set Composite Bridge plug @ 22,610' and test csg to 11,623#. Test Good.

5/29/19 to 6/19/19 Perf 12,908-22,583' (1764). Acdz w/72,366 gal 7 1/2%; frac w/ 19,253,162# sand & 15,473,808 gal fluid.

8/17/19 to 8/18/19 Drilled out CFP's. Clean down to PBTD @ 22,610'.

8/19/19 -8/22/19 Set 2 7/8" 6.5# L-80 tbg @ 12,222' packer @ 12,212'. Installed gas lift system.

9/13/19 Began flowing back & testing Date of first production

14. I hereby certify that the foregoing is true and correct. Electronic Submission #486202 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs	
Name (Printed/Typed) AMANDA AVERY	Title AUTHORIZED REPRESENTATIVE
Signature (Electronic Submission)	Date 10/02/2019

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 ****