

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 - 025-45113	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 703H

II. ¹⁰ Surface Location

UI or lot no. C	Section 30	Township 24S	Range 35E	Lot Idn	Feet from the 209	North/South Line North	Feet from the 1508	East/West line West	County Lea
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¹¹ Bottom Hole Location

UI or lot no. N	Section 31	Township 24S	Range 35E	Lot Idn	Feet from the 204	North/South Line South	Feet from the 1509	East/West line West	County Lea
¹² Lse Code P/F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 9/5/19	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 1/10/19	²² Ready Date 9/5/19	²³ TD 22436'	²⁴ PBDT 22183'	²⁵ Perforations 12,857-22,307'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
14 3/4"	10 3/4"	1229'	650		
9 7/8"	7 5/8"	11929'	2050		
6 3/4"	5 1/2"	22436'	1575		
	2 7/8	11891'			

V. Well Test Data

³¹ Date New Oil 9/5/19	³² Gas Delivery Date 9/5/19	³³ Test Date 9/5/19	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 4200#	³⁶ Csg. Pressure 2300#
³⁷ Choke Size 19/64	³⁸ Oil 272	³⁹ Water 1760	⁴⁰ Gas 243		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: *Amanda Avery*

Printed name:
Amanda Avery

Title:
Regulatory Analyst

E-mail Address:
aavery@concho.com

Date: 9/16/19

Phone:
575-748-6962

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

[Signature]

L.M.

10/9/2019

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)* At surface Sec 30 T24S R35E Mer NMP NENW Lot C 209FNL 1508FWL 32.195147 N Lat, 103.410280 W Lon At top prod interval reported below Sec 30 T24S R35E Mer NMP NENW Lot C 209FNL 1508FWL 32.195147 N Lat, 103.410280 W Lon At total depth Sec 31 T24S R35E Mer NMP SESW Lot N 204FSL 1509FWL 32.167283 N Lat, 103.410216 W Lon			8. Lease Name and Well No. FASCINATOR FEDERAL COM 703H		
14. Date Spudded 01/10/2019			15. Date T.D. Reached 02/21/2019		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 09/05/2019			9. API Well No. 30-025-45113		
18. Total Depth: MD 22436 TVD 12770			10. Field and Pool, or Exploratory WC-025 G-09 S243532M; WB		
19. Plug Back T.D.: MD 22183 TVD 12770			11. Sec., T., R., M., or Block and Survey or Area Sec 30 T24S R35E Mer NMP		
20. Depth Bridge Plug Set: MD 22332 TVD 12770			12. County or Parish LEA		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each)			13. State NM		
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)			17. Elevations (DF, KB, RT, GL)* 3358 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
14.750	10.750 L80	45.5	0	1229		650		0	
9.875	7.625 L80	29.7	0	11934	5423	2050		0	
6.750	5.500 P110	23.0	0	22426		1575		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	11891	11881						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) WOLFBONE	12857	22307	12857 TO 22307		1064	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
12857 TO 22307	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
09/05/2019	09/05/2019	24	→	272.0	243.0	1760.0			GAS LIFT
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
19/64	SI	2300.0	→	272	243	1760		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	
	SI		→						

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

ELECTRONIC SUBMISSION #483798 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	848			RUSTLER	848
TOP OF SALT	1260			TOP OF SALT	1260
BOTTOM OF SALT	5116			BOTTOM OF SALT	5116
LAMAR	5433			LAMAR	5433
BELL CANYON	5477			BELL CANYON	5477
CHERRY CANYON	6485			CHERRY CANYON	6485
BRUSHY CANYON	8019			BRUSHY CANYON	8019
BONE SPRING LIMESTONE	9321			BONE SPRING LIMESTONE	9321

32. Additional remarks (include plugging procedure):

1ST BONE SPRING 10473
2ND BONE SPRING 11072
3RD BONE SPRING 12061
WOLFCAMP 12750

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 #483798 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) AMANDA AVERY

Title AUTHORIZED REPRESENTATIVE

Signature (Electronic Submission)

Date 09/18/2019

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 MANAGEMENT**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.FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 20185. Lease Serial No.
NMNM14164

6. If Indian, Allottee or Tribe Name

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

8. Well Name and No.
FASCINATOR FEDERAL COM 703H9. API Well No.
30-025-4511310. Field and Pool or Exploratory Area
WC-025 G-09 S243532M; WB11. 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: AMANDA AVERY
E-Mail: aavery@concho.com3a. Address
2208 W MAIN STREET
ARTESIA, NM 882103b. Phone No. (include area code)
Ph: 575-748-69404. Location of Well (Footage, Sec., T., R., M., or Survey Description)
Sec 30 T24S R35E Mer NMP NENW 209FNL 1508FWL
32.195172 N Lat, 103.410280 W Lon

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 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.

4/1/19 Test annulus to 1500# Set Composite Bridge plug @ 22,332' and test csg to 11,621#. Test Good.

7/10/19 to 7/19/19 Perf 12,857-22,307' (1064). Acdz w/55,944 gal 7 1/2%; frac w/ 19,047,640# sand & 16,432,021 gal fluid.

8/19/19 to 8/20/19 Drilled out CFP's. Clean down to PBTD @ 22,183'.

8/22/19 -8/23/19 Set 2 7/8" 6.5# L-80 tbg @ 11,891' packer @ 11,881'. Installed gas lift system.

9,5/19 Began flowing back & testing Date of first production

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

**Electronic Submission #483801 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 09/18/2019

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 ****