

# 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							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: aaavery@concho.com							8. Lease Name and Well No. HARRIER FEDERAL COM 202H																
3. Address    2208 W MAIN STREET ARTESIA, NM 88210					3a. Phone No. (include area code) Ph: 575-748-6940					9. API Well No.  30-025-45831													
4. Location of Well (Report location clearly and in accordance with Federal requirements)*  At surface    NWNW Lot D 435FNL 262FWL 32.093054 N Lat, 103.653394 W Lon  At top prod interval reported below    NWNW Lot D 435FNL 262FWL 32.093054 N Lat, 103.653394 W Lon  At total depth    NWNW Lot D 435FNL 262FWL 32.093054 N Lat, 103.653394 W Lon													10. Field and Pool, or Exploratory JENNINGS; UPPER BS SHALE										
													11. Sec., T., R., M., or Block and Survey or Area    Sec 35 T25S R32E Mer NMP										
													12. County or Parish LEA			13. State NM							
14. Date Spudded 06/23/2019				15. Date T.D. Reached 10/14/2019				16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 05/12/2020				17. Elevations (DF, KB, RT, GL)* 3370 GL											
18. Total Depth:				MD TVD		19461 9386		19. Plug Back T.D.:				MD TVD		19299 9386		20. Depth Bridge Plug Set:				MD TVD		19385 9386	
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 ( <i>Report all strings set in well</i> )																							
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	905		725		0														
12.250	9.625 J55		40.0	0	4641		1065		0														
8.750	5.500 P110		17.0	0	19450		3665		2940														
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	8637		8627																				
25. Producing Intervals												26. Perforation Record											
Formation			Top		Bottom		Perforated Interval			Size	No. Holes		Perf. Status										
A) BONE SPRING			9571		19290		9571 TO 19290				1440		OPEN										
B)																							
C)																							
D)																							
27. Acid, Fracture, Treatment, Cement Squeeze, Etc.																							
Depth Interval				Amount and Type of Material																			
9571 TO 19290				74,918 7 1/2%; 19,564,062# SAND, 20,272,639 GAL FLUID.																			
28. Production - Interval A																							
Date First Produced 06/14/2020	Test Date 06/14/2020	Hours Tested 24	Test Production 	Oil BBL 102.0	Gas MCF 137.0	Water BBL 976.0	Oil Gravity Corr. API	Gas Gravity	Production Method  GAS LIFT														
Choke Size 14/64	Tbg. Press. Flwg. SI 830	Csg. Press. 566.0	24 Hr. Rate 	Oil BBL 102	Gas MCF 137	Water BBL 976	Gas:Oil Ratio	Well Status  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 #522196 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

<p>30. Summary of Porous Zones (Include Aquifers):</p> <p>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.</p>	<p>31. Formation (Log) Markers</p>
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### 31. Formation (Log) Markers

[illegible]

32. Additional remarks (include plugging procedure):

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:	

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 #522196 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs**

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 #522196 Verified by the BLM Well Information System.  
For COG OPERATING LLC, sent to the Hobbs**

Name (please print) AMANDA AVERY Title REGULATORY ANALYST

Signature \_\_\_\_\_ (Electronic Submission) Date 07/16/2020

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 \*\***