

Submit To Appropriate District Office Two Copies 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		<b>State of New Mexico</b> <b>Energy, Minerals and Natural Resources</b>  <b>Oil Conservation Division</b> <b>1220 South St. Francis Dr.</b> <b>Santa Fe, NM 87505</b>			<b>Form C-105</b> Revised August 1, 2011		
		1. WELL API NO.			30-025-42428		
		2. Type of Lease			<input checked="" type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/> FED/INDIAN		
		3. State Oil & Gas Lease No.					
<b>WELL COMPLETION OR RECOMPLETION REPORT AND LOG</b>							
4. Reason for filing:				5. Lease Name or Unit Agreement Name			
<input checked="" type="checkbox"/> <b>COMPLETION REPORT</b> (Fill in boxes #1 through #31 for State and Fee wells only)  <input type="checkbox"/> <b>C-144 CLOSURE ATTACHMENT</b> (Fill in boxes #1 through #9, #15 Date Rig Released and #32 and/or #33; attach this and the plat to the C-144 closure report in accordance with 19.15.17.13.K NMAC)				Merlin State Com <b>HOBBS OCO</b>			
				6. Well Number:			
				3H <b>JUN 08 2015</b>			
7. Type of Completion:							
<input checked="" type="checkbox"/> NEW WELL <input type="checkbox"/> WORKOVER <input type="checkbox"/> DEEPENING <input type="checkbox"/> PLUGBACK <input type="checkbox"/> DIFFERENT RESERVOIR <input type="checkbox"/> OTHER							
8. Name of Operator				9. OGRID			
COG Operating LLC				229137			
10. Address of Operator				11. Pool name or Wildcat			
2208 W. Main Street				WC-025 G-07 S213430M; Bone Spring			
Artesia, NM 88210							
12. Location	Unit Ltr	Section	Township	Range	Lot	Feet from the	
Surface:	N	29	21S	34E		810	
BH:	N	32	21S	34E		341	
13. Date Spudded	14. Date T.D. Reached	15. Date Rig Released		16. Date Completed (Ready to Produce)		17. Elevations (DF and RKB, RT, GR, etc.)	
2/28/15	3/23/15	3/26/15		5/15/15		3718' GR	
18. Total Measured Depth of Well		19. Plug Back Measured Depth		20. Was Directional Survey Made?		21. Type Electric and Other Logs Run	
16484'		16400'		Yes		None	
22. Producing Interval(s), of this completion - Top, Bottom, Name							
11070-16360' Bone Spring							
<b>23. CASING RECORD (Report all strings set in well)</b>							
CASING SIZE		WEIGHT LB./FT.		DEPTH SET		HOLE SIZE	
13 3/8"		54.5#		1894'		17 1/2"	
9 5/8"		40#		5818'		12 1/4"	
5 1/2"		17#		16454'		8 3/4"	
<b>24. LINER RECORD</b>							
SIZE	TOP	BOTTOM	SACKS CEMENT	SCREEN			
<b>25. TUBING RECORD</b>							
SIZE	DEPTH SET		PACKER SET				
2 7/8"	10349'		10339'				
26. Perforation record (interval, size, and number)							
11070-16300' (972)							
16350-16360' (60)							
27. ACID, SHOT, FRACTURE, CEMENT, SQUEEZE, ETC.							
DEPTH INTERVAL			AMOUNT AND KIND MATERIAL USED				
11070-16300'			Acidz w/167070 gal 7 1/2%; Frac w/4219053# sand & 4939178 gal fluid				
<b>28. PRODUCTION</b>							
Date First Production		Production Method (Flowing, gas lift, pumping - Size and type pump)			Well Status (Prod. or Shut-in)		
5/19/15		Flowing			Producing		
Date of Test	Hours Tested	Choke Size	Prod'n For Test Period	Oil - Bbl	Gas - MCF	Water - Bbl.	
5/28/15	24	30/64"		627	559	1065	
Flow Tubing Press.	Casing Pressure	Calculated 24-Hour Rate	Oil - Bbl.	Gas - MCF	Water - Bbl.	Oil Gravity - API - (Corr.)	
600#			627	559	1065		
29. Disposition of Gas (Sold, used for fuel, vented, etc.)					30. Test Witnessed By		
Sold					Tyler Deans		
31. List Attachments							
Surveys							
32. If a temporary pit was used at the well, attach a plat with the location of the temporary pit.							
33. If an on-site burial was used at the well, report the exact location of the on-site burial:							
Latitude		Longitude		NAD 1927 1983			
I hereby certify that the information shown on both sides of this form is true and complete to the best of my knowledge and belief							
Signature		Printed Name:		Title		Date:	
		Stormi Davis		Regulatory Analyst		6/1/15	
E-mail Address: sdavis@concho.com							

**01 2015**

# INSTRUCTIONS

This form is to be filed with the appropriate District Office of the Division not later than 20 days after the completion of any newly-drilled or deepened well and not later than 60 days after completion of closure. When submitted as a completion report, this shall be accompanied by one copy of all electrical and radio-activity logs run on the well and a summary of all special tests conducted, including drill stem tests. All depths reported shall be measured depths. In the case of directionally drilled wells, true vertical depths shall also be reported. For multiple completions, items 11, 12 and 26-31 shall be reported for each zone.

INDICATE FORMATION TOPS IN CONFORMANCE WITH GEOGRAPHICAL SECTION OF STATE

Southeastern New Mexico		Northwestern New Mexico	
T. Anhy	T. Canyon	T. Ojo Alamo	T. Penn A"
T. Salt 2030'	T. Strawn	T. Kirtland	T. Penn. "B"
B. Salt 3629'	T. Atoka	T. Fruitland	T. Penn. "C"
T. Yates 3877'	T. Miss	T. Pictured Cliffs	T. Penn. "D"
T. 7 Rivers	T. Devonian	T. Cliff House	T. Leadville
T. Queen	T. Silurian	T. Menefee	T. Madison
T. Grayburg	T. Montoya	T. Point Lookout	T. Elbert
T. San Andres	T. Simpson	T. Mancos	T. McCracken
T. Glorieta	T.	T. Gallup	T. Ignacio Otzte
T. Paddock	T.	Base Greenhorn	T.Granite
T. Blinebry	T. Rustler 1918'	T. Dakota	
T.Tubb	T. Capitan 3976'	T. Morrison	
T. Drinkard	T. Bell Canyon 5847'	T.Todilto	
T. Abo	T. Brushy Canyon 7242'	T. Entrada	
T. Wolfcamp	T. Bone Spring Lm 8811'	T. Wingate	
T. Penn	T. 1 <sup>st</sup> Bone Spring 10037'	T. Chinle	
T. Cisco (Bough C)	T. 2 <sup>nd</sup> Bone Spring 10650'	T. Permian	

## OIL OR GAS SANDS OR ZONES

No. 1, from.....to.....

No. 2, from.....to.....

No. 3, from.....to.....

No. 4, from.....to.....

## IMPORTANT WATER SANDS

Include data on rate of water inflow and elevation to which water rose in hole.

No. 1, from.....to.....feet.....  
 No. 2, from.....to.....feet.....  
 No. 3, from.....to.....feet.....

## LITHOLOGY RECORD (Attach additional sheet if necessary)

From	To	Thickness In Feet	Lithology

From	To	Thickness In Feet	Lithology