Office District I - (575) 393-6161 Energy, Minerals and Natural Resources 1625 N. French Dr., Hobbs, NM 88240 District II - (575) 748-1283 811 S. First St., Artesia, NM 88210 HOBBS OCOLL CONSERVATION DIVISION District III - (505) 334-6178 1000 Rio Brazos Rd., Aztec, NM 87410 District IV - (505) 476-3460 1220 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES VAND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well ☐ Gas Well ☐ Other 2. Name of Operator COG Production LLC 3. Address of Operator 10. Pool name or Wildcat Revised August 1, 2011 WELL API NO. 30-025-42274 5. Indicate Type of Lease STATE ☐ 6. State Oil & Gas Lease No. 7. Lease Name or Unit Agreement Name Eata Fajita State PROPOSALS.) 9. OGRID Number 217955 10. Pool name or Wildcat
District II - (575) 748-1283 NM 88210 HOBBS OCOLL CONSERVATION DIVISION S11 S. First St., Artesia, NM 88210 HOBBS OCOLL CONSERVATION DIVISION District III - (505) 334-6178 1220 South St. Francis Dr. 1220 South St. Francis Dr. S20 S. St. Francis Dr. S20 S. St. Francis Dr., Santa Fe, NM 87505 SUNDRY NOTICES VEND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Oil Well
District III - (505) 334-6178 1220 South St. Francis Dr. STATE STA
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9H 2. Name of Operator 9. OGRID Number COG Production LLC 217955
COG Production LLC 217955
3. Address of Operator 10. Pool name or wildcat
2208 W. Main Street, Artesia, NM 88210 Triple X; Bone Spring, West
4. Well Location
Unit Letter P: 200 feet from the South line and 900 feet from the East line
Section 8 Township 24S Range 33E NMPM Lea County
11. Elevation (Show whether DR, RKB, RT, GR, etc.)
3604' GR
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐ REMEDIAL WORK ☐ ALTERING CASING ☐
TEMPORARILY ABANDON
PULL OR ALTER CASING MULTIPLE COMPL CASING/CEMENT JOB
DOWNHOLE COMMINGLE
OTHER: OTHER: Completion Operations
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date
of starting any proposed work). SEE RULE 19.15.7.14 NMAC. For Multiple Completions: Attach wellbore diagram of
proposed completion or recompletion.
4/6/15 to 4/22/15 MIRU. Test 9 5/8" csg to 1500# & 5 1/2" csg to 8500#. Drilled FC, FS & new formation to 19423'. Ran CBL.
TOC @ 5810'. Test annulus to 1500#. Good test. Set CBP @ 19310'. Test to 5022#. Perf 19260-19270' (60). Injection test.
5/5/15 to 6/5/15 Perforate 19111-19210' (36). Tools stuck in the hole. Recovered fish. Found csg leak @ +/- 15002'.
6/6/15 to 6/13/15 Set CBP @ 14200'. Test csg to 8504#. Perforate 9754-14150' (1080). Acdz w/90712 gal 7 1/2%; frac with 7420142# sand & 7526162 gal fluid.
6/16/15 Began flowing back & testing.
6/25/15 to 7/7/15 Drilled out frac plugs & clean down to CBP @ 14200'.
7/14/15 Set 2 7/8" 6.5# L-80 tbg @ 9049' & pkr @ 9039'. Installed gas-lift system.
Spud Date: 2/8/15 Rig Release Date: 3/9/15
Spud Date: 2/8/15 Rig Release Date: 3/9/15
Spud Date: Rig Release Date:
Spud Date: Rig Release Date: 3/9/15 1 hereby certify that the information above is true and complete to the best of my knowledge and belief.
Spud Date: Rig Release Date:
I hereby certify that the information above is true and complete to the best of my knowledge and belief.
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE: Regulatory Analyst Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946
I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNATURE TITLE: Regulatory Analyst Type or print name: Stormi Davis E-mail address: sdavis@concho.com PHONE: (575) 748-6946