HOBBS OCD	
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	Form	С	2-10	)4

Revised August 1, 2011

AMENDED REPORT

<sup>20</sup> O/G/W

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ſ Submit one copy to appropriate District Office

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

State of New Mexico

Energy, Minerals & Natural Resources

# **REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

<sup>1</sup> Operator name and Addres	S					<sup>2</sup> OGRID Nun	nber		
COG Operating LLC								229137	
2208 W. Main Street						<sup>3</sup> Reason for F	iling C	ode/ Effect	ive Date
Artesia, NM 88210								NW	
<sup>4</sup> API Number <sup>5</sup>	Pool Name						6 Pc	ool Code	
30 - 025-41187		WC-02	5 G-06 S26340	)7P; Bone Sp	oring			9	97892
<sup>7</sup> Property Code <sup>8</sup>	Property Nam	ie					9 W	ell Number	· · · · · · · · · · · · · · · · · · ·
39912			Gunner 8 Fed	eral Com					<b>4H</b>
II. <sup>10</sup> Surface Location	I								
Ul or lot no. Section Towns	ship Range	Lot Idn	Feet from the	North/South	Line	Feet from the	East/	West line	County
P 8 268	5 34E		190	South		380	F	East	Lea
<sup>11</sup> Bottom Hole Location									
Ul or lot no. Section Towns	ship Range	Lot Idn	Feet from the	North/South	Line	Feet from the	East/	West line	County
A 5 268	5 34E		331	North		435	I	East	Lea
<sup>12</sup> Lse Code <sup>13</sup> Producing Meth			<sup>15</sup> C-129 Pern	nit Number	<sup>16</sup> C	C-129 Effective I	Date	<sup>17</sup> C-12	9 Expiration Date
F Code	F Code Date F 8/16/15								-
III. Oil and Gas Tran		110							

#### <sup>18</sup> Transporter <sup>19</sup> Transporter Name OGRID and Address Sunoco Partners Marketing & Terminals, LP 35103 P.O. Box 5090 Sugarland, TX 77479 Southern Union Gas Services, Ltd 241472 301 Commerce Street – Ste 700 S.A.F Fort Worth, TX 76102

Section Constraint States 1	Fort worth, 1A 70102	
		a ar

## **IV. Well Completion Data**

District I 1625 N. French Dr., Hobbs, NM 88240

1000 Rio Brazos Rd., Aztec, NM 87410 District IV 1220 S. St. Francis Dr., Santa Fe, NM 87505

I.

811 S. First St., Artesia, NM 88210

District II

District III

_		eady Date 5/5/15	<sup>23</sup> TD 19730'	<sup>24</sup> PBTD <sup>25</sup> Perforation 19640' 9923-19615				
<sup>27</sup> Hole Size 17 1/2"		<sup>28</sup> Casing	& Tubing Size	<sup>29</sup> Depth Set	t	<sup>30</sup> Sacks Cement		
		1	3 3/8"	840'         650           5280'         1550		650		
12 1/4"	12 1/4" 8 3/4"		9 5/8"			1550		
8 3/4"			8 3/4" 5 1/2"		5 1/2"	19730'		3650 (TOC @ 5150')
		2	2 7/8"	9890'				

### V. Well Test Data

<sup>31</sup> Date New Oil 6/11/15	<sup>32</sup> Gas Delivery Date 8/16/15	<sup>33</sup> Test Date 7/20/15	<sup>34</sup> Test Length 24 Hrs	<sup>35</sup> Tbg. Pressure 520#	<sup>36</sup> Csg. Pressure 1070#		
<sup>37</sup> Choke Size	<sup>38</sup> Oil 317	<sup>39</sup> Water 2821	<sup>40</sup> Gas <b>480</b>		<sup>41</sup> Test Method Flowing		
been complied with	at the rules of the Oil Conse and that the information give of my knowledge and belief	en above is true and	O Approved by:	IL CONSERVATION DIVIS	SION		
Printed name: Stormi Davis	Dams		Title: Petroleum Engineer				
Title: Regulatory Analy	yst		Approval Date:	9/19/15			
E-mail Address: sdavis@concho.c Date: 8/24/15	2001 Phone: 575-748-694	6	Canc	I Well Create Poo RMITTING New Well	J		
		SEP 1	6 2015 Com	pP&ATA <u>5</u> Loc Chng			

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oor-	<b>r</b> a	6 7 <b>8-4</b> 102		
SEC	EW	(Fr	3	

AUG 2 7 2015

Form 3160-5 (August 2007) SUNDF Do not use abandoned	FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM124664 6. If Indian, Allottee or Tribe Name	
SUBMIT IN 1	RIPLICATE - Other instructions on reverse side.	7. If Unit or CA/Agreement, Name and/or No.
1. Type of Well ☑ Oil Well □ Gas Well □	Other	8. Well Name and No. GUNNER 8 FEDERAL COM 4H
2. Name of Operator COG OPERATING LLC	Contact: STORMI DAVIS E-Mail: sdavis@concho.com	9. API Well No. 30-025-41187
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	10. Field and Pool, or Exploratory WILDCAT; BONE SPRING
4. Location of Well (Footage, See	c., T., R., M., or Survey Description)	11. County or Parish, and State
Sec 8 T26S R34E Mer NM	P SESE 190FSL 380FEL	LEA COUNTY, NM

#### 12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION							
□ Notice of Intent	□ Acidize	Deepen	□ Production (Start/Resume)	□ Water Shut-Off				
-	Alter Casing	Alter Casing 🔲 Fracture Treat 🔲 Rect		Well Integrity				
🛛 Subsequent Report	Casing Repair	□ New Construction □ Recomplete		🛛 Other				
Final Abandonment Notice	Change Plans	Plug and Abandon	Temporarily Abandon	Drilling Operations				
	Convert to Injection	Plug Back	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 recomplete 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 shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

4/6/15 Spud well. TD 17 1/2" hole @ 840'. Set 13 3/8" 54.5# J-55 csg @ 840'. Cmt w/400 sx Class C. Tailed in w/250 sx. Circ 169 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

4/10/15 TD 12 1/4" hole @ 5286'. Set 9 5/8" 40# J-55 csg @ 5280'. Cmt w/1300 sx Class C. Tailed in w/250 sx. Circ 310 sx to surface. WOC 18 hrs. Test csg to 1500# for 30 mins. Drilled out 5' below FS w/10# brine - no loss of circ.

5/3/15 TD 8 3/4" lateral @ 19730' (KOP @ 9330'). Set 5 1/2" 17# P-110 csg @ 19730'. Cmt w/1000 sx Class C. Tailed in w/2650 sx. DNC. Installed WH & test to 2500#.

5/6/15 Rig released.

14. I hereby certify that the	he foregoing is true and correct. Electronic Submission #301787 verifie For COG OPERATING I			
Name (Printed/Typed)	STORMI DAVIS	Title	REGULATORY ANALYST	
Signature	(Electronic Submission)	Date	05/14/2015	
	THIS SPACE FOR FEDERA		STATE OFFICE USE	
Approved By		Title		Date
certify that the applicant ho	ny, are attached. Approval of this notice does not warrant or lds legal or equitable title to those rights in the subject lease licant to conduct operations thereon.	Office		
Title 18 U.S.C. Section 100 States any false, fictitious	1 and Title 43 U.S.C. Section 1212, make it a crime for any pe or fraudulent statements or representations as to any matter w	erson kno ithin its j	wingly and willfully to make to any depar jurisdiction.	tment or agency of the United

\*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

Bandoned well. Use form 3166-3 (APD) for such proposals.     E. If Induit, Albree or The Name     SUBMIT IN TRIPLICATE - Other Instructions on reverse side.     Type of Well     Gene      Gen	Form 3160-5 (August 2007)	DI B SUNDRY Do not use th abandoned we		FORM APPROVED OMB NO. 1004-0135 Expires: July 31, 2010 5. Lease Serial No. NMNM124664 6. If Indian, Allottee or Tribe Name					
2. Name of Operator COGO OPERATING LLC E.Mail: staving@conchos.com 2. 2. 7 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0				· · ·	•				
2. Name of Operator COGO OPERATING LLC E.Mail: staving@conchos.com 2. 2. 7 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0 2. 0			hcr		НС	BBS OCU	8. Well Name and No. GUNNER 8 FED	ERAL COM 4H	
2200 W MAIN STREET       Ph: 575-748-6946       WULDCAT; BONE SPRING         4. Loation of Well       (Prontige Sec. T, R. M., or Survey Discription)       II. Comp or Parish, and Sate         Sc 8 726S R34E Mor NMP SESE 190FSL 380FEL       II. Comp or Parish, and Sate       LEA COUNTY, NM         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA       TYPE OF SUBMISSION       TYPE OF ACTION         Well (from the completed of the			Contact: E-Mail: sdavis@co	STORMI DA	VIS	· 9.7 2015	9. API Well No. 30-025-41187		
See 8 T26S R34E Mer NMP SESE 190FSL 380FEL       LEA COUNTY, NM         12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Subsequent Report       Acidize       Decepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Change Plans       Plag and Abandon       Reclamation       Will Integrity         Subsequent Report       Change Plans       Plag and Abandon       Recomplete       Other         Subsequent Report       Change Plans       Plag and Abandon       Temporarily Abandon       Other         Subsequent Report       Change Plans       Plag and Abandon       Temporarily Abandon       Other       Other       Other       Other       Other       Subsequent reports and the vector of the molecular starts and zone-       Subsequent reports and z	2208 W MA					,			
12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA         TYPE OF SUBMISSION       TYPE OF ACTION         Notice of Intent       Acidize       Deepen       Production (Star/Resume)       Water Shul-Off         Subsequent Report       Casing Repair       New Construction       Reclamation       Woll Integrity         Subsequent Report       Change Plans       Plug and Abandon       Temporarity Abandon       Comporting Abandon         13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration hereof.       If the proposal is to depend increase in the operator or state all preprint date of any proposed work and approximate duration hereof.         13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration hereof.       If the proposal is to depend increase in the operator or state is an multiple completion or its environs and neasaring and nuc vertical depth of a perting.       Image: perting the perting and the operator is an indiverse operator work and approximate duration hereof.         of biolowing completed operations.       The operator is a provide the Book No. on file with BIAMBIA.       Required statement and nuc vertical depth of a perting the operator or state is a multiple completion on its environs.       Jamedita in the operator is a difference operator is a differ	4. Location of W	Vell (Footage, Sec., 7	T., R., M., or Survey Description,	)		USE -	11. County or Parish,	and State	
TYPE OF SUBMISSION       TYPE OF ACTION         In Notice of Intent       Acidize       Deepen       Production (Start/Resume)       Water Shut-Off         Subsequent Report       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         In Internation       Casing Repair       New Construction       Recomplete       Ø Other         Internation       Casing Repair       Internation       Well Integrity         Internation       Casing Repair       Internation       Base Internation       Internation         Internation       Casing Repair       Internation       Base Internation       Internation       Internatinternation <t< td=""><td>Sec 8 T265</td><td>S R34E Mer NMP</td><td>SESE 190FSL 380FEL</td><td></td><td></td><td></td><td>LEA COUNTY,</td><td>NM</td></t<>	Sec 8 T265	S R34E Mer NMP	SESE 190FSL 380FEL				LEA COUNTY,	NM	
Acidize     Acidize     Deepen     Production (Start/Resume)     Water Shut-Off     Alter Casing     Subsequent Report     Casing Repair     Casing Rep		12. CHECK APP	ROPRIATE BOX(ES) TO	) INDICATE	NATURE O	F NOTICE, R	EPORT, OR OTHE	R DATA	
Notice of Intent       Alter Casing       Fracture Treat       Reclamation       Well Integrity         Subsequent Report       Casing Repair       New Construction       Recomplete       Other         Final Abandonment Notice       Change Plans       Plug and Abandon       Temporarily Abandon         Convert to Injection       Plug Back       Water Disposal         I3. Describe Proposed or Completed Operation (clearly state all perinter) details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and rule vertical depths of all perintern draution thereof.         Stubbed on under which work will be perioned or provide the Boat No. on file with BLMA. Required subsequent reports shall be filed one etaing line or the unvolved operations. If the operation results in a multiple completion or recompletion in a new interval, a form 3160-4 shall be filed one etaing line of filed one attent in the work will be period of the unvolved operation.         5/11/15 to 5/16/15 MIRU. Test 5 1/2° csg to 8600# for 15 mins. Perforate 19665-19675' (60).         9/20/15 to 5/16/15 Am CBL. TOC @ 5150°. Set CBP @ 19640'. Test to 4553#. Good test. Perforate Bone Spring 9923-19615' (2340). Acdz w/198198 gal 7 1/2% acid. Frac w/15,893,901# sand & 16,879,928 gal fluid.         6/8/15 Began flowing back & testing.         6/11/15 Date of first production.         6/8/15 Set 2 7/8° 6.5# L-80 tbg @ 9890' & pkr @ 9247'. Installed gas-lift system. <td colspace="" period<="" td=""><td>TYPE OF S</td><td>SUBMISSION</td><td>1</td><td></td><td>ТҮРЕ</td><td>OF ACTION</td><td></td><td></td></td>	<td>TYPE OF S</td> <td>SUBMISSION</td> <td>1</td> <td></td> <td>ТҮРЕ</td> <td>OF ACTION</td> <td></td> <td></td>	TYPE OF S	SUBMISSION	1		ТҮРЕ	OF ACTION		
Subsequent Report     Casing Repair     Cas	□ Notice of	Intent	□ Acidize	🗖 Dee	pen	Produc	tion (Start/Resume)	Water Shut-Off	
Cashing Kepair     Cashing	_		Alter Casing	—		🗖 Reclam	ation	Well Integrity	
Convert to Injection     Plag Back     Water Disposal     Convert to Injection     Plag Back     Water Disposal     Water Disposal     Convert to Injection     Plag Back     Water Disposal     Water Disposal     Software to Completed Operation (clearly size all pertinent details, including estimated dataing date of any proposed work and approximate duration thereof.     Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM BlA. Required subsequent reports shall be filed within 30 days.     Following completion of the involved operation scaling in a multiple completion or recompletion in a new interval. A form 310 days.     Softward of file multiple completion or recompletion or recompletion or new interval. A form 310 days.     Softward of file multiple completion or recompletion or new interval. A form 310 days.     Softward for final inspection.)     Softward for final inspection.     Softward for final production.     Softward for final inspection.     Softward for		•					-	🛛 Other	
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, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bood under which the work will be performed or provide the Bood No. on file will BLM/BLA. Required and true vertical depths of all pertinent markers and zones. Attach the Bood under which the work will be performed or provide the Bood No. on file will BLM/BLA. Required abusequer treperts shall be filed within 30 days following completion or neoments. A Form 3160-4 shall be filed once testing has been completed. Final Anandmoment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.) Syl11/15 to 51/6/15 MIRU. Test 5 1/2" csg to 8600# for 15 mins. Perforate 19665-19675' (60). Pump injection test. Syl20/15 to 65/15 Ran CBL. TOC @ 5150'. Set CBP @ 19640'. Test to 4553#. Good test. Perforate Bone Spring 9923-19615' (2340). Acdz w/198198 gal 7 1/2% acid. Frac w/15,893,901# sand & 16,8715 Began flowing back & testing. 6/11/15 Date of first production. 6/18/15 V72/15 Drilled out all CFP's & cleaned out to PBTD @ 19640'. 7/6/15 Set 2 7/8'' 6.5# L-80 tbg @ 9890' & pkr @ 9247'. Installed gas-lift system. 14. 1 hereby certify that the foregoing is true and correct. Electronic Submission #313806 verified by the BLM Well information System For COG OPERATING LLC, sent to the Hobbs Name (Printed Typed) STORMI DAVIS Title REGULATORY ANALYST Signature (Electronic Submission) Date 08/25/2015 THIS SPACE FOR FEDERAL OR STATE OFFICE USE Approved By	🗖 Final Aba	andonment Notice	-			-	-		
Electronic Submission #313806 verified by the BLM Well Information System For COG OPERATING LLC, sent to the Hobbs         Name (Printed/Typed)       STORMI DAVIS       Title       REGULATORY ANALYST         Signature       (Electronic Submission)       Date       08/25/2015         THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By       Title       Date         Office         Conditions of approval, if any, are attached. Approval of this notice does not warrant or errify 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       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	Attach the Bo following con testing has be determined th 5/11/15 to 6 Pump injec 5/20/15 to 6 Bone Sprin 16,879,928 6/8/15 Beg 6/11/15 Da 6/18/15 to 7	nd under which the word npletion of the involver en completed. Final A tat the site is ready for the 5/16/15 MIRU. Te tion test. 6/5/15 Ran CBL. 19 9923-19615' (23 3 gal fluid. gan flowing back & ate of first production 7/2/15 Drilled out the sector of the sector of the sector of the sector of the sector of the sector of t	rk will be performed or provide d operations. If the operation re- bandonment Notices shall be file final inspection.) est 5 1/2" csg to 8600# for TOC @ 5150'. Set CBP @ 40). Acdz w/198198 gal 7 testing. on. all CFP's & cleaned out to	the Bond No. o sults in a multip ed only after all 15 mins. Pe () 19640'. Te () 1/2% acid. PBTD (@ 19	n file with BLM/F e completion or r requirements, inc rforate 19665- est to 4553#. C Frac w/15,893 640'.	<ul> <li>BIA. Required su ecompletion in a luding reclamatic</li> <li>19675' (60).</li> <li>Good test. Pe</li> </ul>	bsequent reports shall be new interval, a Form 316 n, have been completed, rforate	filed within 30 days 0-4 shall be filed once	
Signature       (Electronic Submission)       Date       08/25/2015         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 retrify 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         Signature       Office       Office	14. I hereby cert	tify that the foregoing i	Electronic Submission #	313806 verifie OPERATING I	d by the BLM V LC, sent to th	Vell Informatio e Hobbs	n System		
THIS SPACE FOR FEDERAL OR STATE OFFICE USE         Approved By	Name (Printed	d/Typed) STORMI	DAVIS		Title REG	JLATORY AN	IALYST		
Approved By	Signature	(Electronic	Submission)		Date 08/25	/2015			
Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify 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 Fitle 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			THIS SPACE FO	OR FEDER	L OR STAT	E OFFICE U	SE		
Conditions of approval, if any, are attached. Approval of this notice does not warrant or ertify 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 Fitle 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	Approved Bv				Title			Date	
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.	Conditions of appr certify that the app	licant holds legal or eq	uitable title to those rights in the					•	
	Title 18 U.S.C. Sec States any false,	ction 1001 and Title 43 fictitious or fraudulent	U.S.C. Section 1212, make it a statements or representations as	crime for any p to any matter w	erson knowingly a ithin its jurisdiction	nd willfully to m	ake to any department or	agency of the United	

### \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

·	HOBBS OCD															
Form 3160-4 (August 2007)			DEPAR BUREAU	TMEN	T OF		NTI					JG 27		OM Expi	B No. 1 res: Jul <u>y</u>	PROVED 004-0137 y 31, 2010
WELL COMPLETION OR RECOMPLETION REPORT AND LOG RECEN										Lease Serial No. NMNM124664						
la. Type of	f Well 🛛	Oil Well	Gas '	Well		Dry <b>(</b>	0	her					6. If	Indian, All	ottee o	r Tribe Name
b. Type of Completion New Well Work Over Deepen Plug Back Diff. Resvr. Other 7. Unit or CA Agreement Name and No.												ent Name and No.				
2. Name of COG C	2. Name of Operator Contact: STORMI DAVIS COG OPERATING LLC E-Mail: sdavis@concho.com												<ol> <li>Lease Name and Well No. GUNNER 8 FEDERAL COM 4H</li> </ol>			
3. Address     2208 W MAIN ST ARTESIA, NM 88210     3a. Phone No. (include area code)       Ph: 575-748-6946											9. A	9. API Well No. 30-025-41187				
<ul> <li>4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 8 T26S R34E Mer NMP At surface SESE 190FSL 380FEL</li> </ul>											<ol> <li>Field and Pool, or Exploratory WILDCAT; BONE SPRING</li> <li>Sec., T., R., M., or Block and Survey</li> </ol>					
At top prod interval reported below Sec 5 T26S R34E Mer NMP At total depth NENE 331FNL 435FEL										or Area Sec 8 T26S R34E Mer NMP 12. County or Parish 13. State						
At total 14. Date S <sub>I</sub> 04/06/2	oudded	NE 33 IFF	15. Da	15. Date T.D. Reached 05/03/2015					<ul> <li>16. Date Completed</li> <li>□ D &amp; A</li></ul>				LEA NM 17. Elevations (DF, KB, RT, GL)* 3335 GL			
18. Total D	epth:	 19730 9687					D.:	06/05 MD TVD	06/05/2015 AD 19640 20. D VD 9696			epth Bridge Plug Set: MD 19640 TVD 9696				
TVD     9687     TVD     9696     TVD     9696       21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE     22. Was well cored?     No     Yes (Submit analysis)       Understand     Was DST run?     No     Yes (Submit analysis)       Directional Survey?     No     Yes (Submit analysis)																
23. Casing an	nd Liner Reco	ord <i>(Repo</i>	rt all strings	set in w	ell)											
Hole Size	Size Size/Grade		Wt. (#/ft.)	Top (MD)		Bottom (MD)		Stage Cemente Depth			of Sks. & of Cemen			Cement 7	Гор*	Amount Pulled
	17.500 13.375 J55		54.5	(		1					650				0	
<u>12.250</u> 8.750			40.0 17.0	1						<u>1550</u> 3650				0 5150		
	8.750 5.500 FTTU		11.0	0		10700									0100	
<u></u>																
24 Tubing	Record	. <u> </u>														
24. Tubing Record         Size       Depth Set (MD)       Packer Depth (MD)       Size       Depth Set (MD)       Packer Depth (MD)       Packer Depth Set (MD)       Packer De									Packer Depth (MD)							
	ng Intervals		Тор				26.		ion Reco							
Fo	A) BONE SPRING			9923	Bottom 19615			Perforated Int			nterval Si 9923 TO 19615		No. Holes 430 2340		Perf. Status OPEN	
B)	DOILE OF			19013						/ 10010	510 0.40		2040			
C)																
D)	racture, Treat	mont Con	ant Squaazo													
	Depth Interva		nem Squeeze	5, LIU.					An	nount and	1 Type of	Material				
			615 SEE IN	REMAR	KS											
	- , ,															
28. Product	ion - Interval	A	1													
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL		Gas MCF		/ater BL	Oil Gra Corr. A		Gas Gra		Product	ion Method		
06/11/2015	07/20/2015 24			> 317.0		480.0		2821.0				-		FLOWS FROM WELL		
Choke Size	Tbg. Press. Flwg. 520 SI	Csg. Press. 1070.0	24 Hr. Rate	Oil BBL 317	1	Gas MCF 480		<sup>/ater</sup> BL 2821	Gas:Oi Ratio	1	We	l Status POW				
28a. Produc	ction - Interva	ıl B														
Date First Produced			Test Production	ction Oil BBL				/ater BL	Oil Gra Corr. A			Gas Gravity		Production Method		
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL		Gas MCF		/ater BL	Gas:Oi Ratio	I	We	1 Status				
(Sag Instruct	ions and sna	res for ada	litional data	on reve	rse sie	de)	L.									

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(See Instructions and spaces for datational data on reverse state) ELECTRONIC SUBMISSION #313825 VERIFIED BY THE BLM WELL INFORMATION SYSTEM \*\* OPERATOR-SUBMITTED \*\* OPERATOR-SUBMITTED \*\*

28b. Prod	uction - Inter	val C								4.4 - <u>1</u>			
Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF		Oil Gravity Corr. API	Gas Gra	vity	Production Method			
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF		Gas:Oil Ratio	Wel	l Status		**** * -		
28c. Prod	uction - Inter	val D	1										
Date First Produced			Test Production	Oil BBL	Gas MCF		Oil Gravity Corr. API			Production Method			
Choke Size	Tbg. Press. Flwg. SI Csg. Press. Rate			Oil BBL	Gas MCF		Gas:Oil Ratio	Wel	l Status		<u></u>		
29. Dispo SOLE		(Sold, use	d for fuel, vent	ed, etc.)									
Show tests, i	all important	zones of	nclude Aquife porosity and c l tested, cushic	ontents there	eof: Cored i e tool open,	intervals and all , flowing and sh	drill-stem ut-in pressure	es	31. For	mation (Log) Markers	-1		
	Formation		Тор	Bottom		Descriptions,	Contents, etc	c.		Name	Top Meas. Depth		
LAMAR BELL CAN CHERRY BRUSHY BONE SP	CANYON CANYON RING LM	(include	5342 5388 6390 8131 9593	5387 6389 8130 9592 9811					TO BO LAI BEI CH BR	RUSTLER TOS BOS LAMAR723 1086 5086 5342 BELL CANYON BRUSHY CANYON BRUSHY CANYON BRUSHY CANYON BONE SPRING LM738 8131 9593			
			ord attached.										
33. Circle enclosed attachments:       1. Electrical/Mechanical Logs (1 full set req'd.)       2. Geologic Report         5. Sundry Notice for plugging and cement verification       6. Core Analysis								t 3. DST Report 4. Directional Survey 7 Other:					
34. I here	by certify tha	t the foreg	-	onic Submi	ission #313	nplete and correc 3825 Verified by PERATING LI	y the BLM V	Vell Infor	mation Sy	records (see attached instruc stem.	tions):		
Name	(please print)	STORN	11 DAVIS			Title F							
Signature (Electronic Submission)								Date 08/25/2015					
						it a crime for an resentations as to				to make to any department of	agency		

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\*\* ORIGINAL \*\*