

AUG 27 2015

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

Form C-104
Revised August 1, 2011

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

RECEIVED

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 - 025-41187	⁵ Pool Name WC-025 G-06 S263407P; Bone Spring	⁶ Pool Code 97892
⁷ Property Code 39912	⁸ Property Name Gunner 8 Federal Com	⁹ Well Number 4H

II. ¹⁰ Surface Location

Ul or lot no. P	Section 8	Township 26S	Range 34E	Lot Idn	Feet from the 190	North/South Line South	Feet from the 380	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. A	Section 5	Township 26S	Range 34E	Lot Idn	Feet from the 331	North/South Line North	Feet from the 435	East/West line East	County Lea
¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 8/16/15	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
35103	Sunoco Partners Marketing & Terminals, LP P.O. Box 5090 Sugarland, TX 77479	O
241472	Southern Union Gas Services, Ltd 301 Commerce Street - Ste 700 Fort Worth, TX 76102	G

IV. Well Completion Data

²¹ Spud Date 4/6/15	²² Ready Date 6/5/15	²³ TD 19730'	²⁴ PBDT 19640'	²⁵ Perforations 9923-19615'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	840'	650		
12 1/4"	9 5/8"	5280'	1550		
8 3/4"	5 1/2"	19730'	3650 (TOC @ 5150')		
	2 7/8"	9890'			

V. Well Test Data

³¹ Date New Oil 6/11/15	³² Gas Delivery Date 8/16/15	³³ Test Date 7/20/15	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 520#	³⁶ Csg. Pressure 1070#
³⁷ Choke Size	³⁸ Oil 317	³⁹ Water 2821	⁴⁰ Gas 480		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:

Printed name:
Stormi Davis

Title:
Regulatory Analyst

E-mail Address:
sdavis@concho.com

Date:
8/24/15

Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by:

Title: Petroleum Engineer

Approval Date:

recomp _____ Add new well _____
Cancl Well _____ Create Pool _____

E-PERMITTING -- New Well _____

Comp PM P&A _____ TA _____CSNG PM Loc Chng _____

SEP 16 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM124664
2. Name of Operator COG OPERATING LLC Contact: STORMI DAVIS E-Mail: sdavis@concho.com		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	7. If Unit or CA/Agreement, Name and/or No.
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8 T26S R34E Mer NMP SESE 190FSL 380FEL		8. Well Name and No. GUNNER 8 FEDERAL COM 4H
		9. API Well No. 30-025-41187
		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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	Drilling Operations
	<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 shall 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 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 foregoing is true and correct. Electronic Submission #301787 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 05/14/2015

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 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.

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0135
Expires: July 31, 2010

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.

SUBMIT IN TRIPLICATE - Other instructions on reverse side.

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMMN124664
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 W MAIN STREET ARTESIA, NM 88210		7. If Unit or CA/Agreement, Name and/or No.
3b. Phone No. (include area code) Ph: 575-748-6946		8. Well Name and No. GUNNER 8 FEDERAL COM 4H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8 T26S R34E Mer NMP SESE 190FSL 380FEL		9. API Well No. 30-025-41187
		10. Field and Pool, or Exploratory WILDCAT; BONE SPRING
		11. County or Parish, and State LEA COUNTY, NM

12. CHECK 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"/> Fracture Treat	<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	
	<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 shall 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 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.)

5/11/15 to 5/16/15 MIRU. Test 5 1/2" csg to 8600# for 15 mins. Perforate 19665-19675' (60).
Pump injection test.
5/20/15 to 6/5/15 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 &
16,879,928 gal fluid.
6/8/15 Began flowing back & testing.

6/11/15 Date of first production.
6/18/15 to 7/2/15 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. I 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 _____	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.

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

AUG 27 2015

Form 3160-4
(August 2007)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

RECEIVED

Lease Serial No.
NNMM124664

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: STORMI DAVIS E-Mail: sdavis@concho.com		
3. Address 2208 W MAIN ST ARTESIA, NM 88210			3a. Phone No. (include area code) Ph: 575-748-6946		
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 8 T26S R34E Mer NMP At surface SESE 190FSL 380FEL At top prod interval reported below Sec 5 T26S R34E Mer NMP At total depth NENE 331FNL 435FEL			8. Lease Name and Well No. GUNNER 8 FEDERAL COM 4H		
14. Date Spudded 04/06/2015			15. Date T.D. Reached 05/03/2015		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/05/2015			9. API Well No. 30-025-41187		
18. Total Depth: MD 19730 TVD 9687			19. Plug Back T.D.: MD 19640 TVD 9696		
20. Depth Bridge Plug Set: MD 19640 TVD 9696			10. Field and Pool, or Exploratory WILDCAT; BONE SPRING		
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE			11. Sec., T., R., M., or Block and Survey or Area Sec 8 T26S R34E Mer NMP		
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)			12. County or Parish LEA		
			13. State NM		
			17. Elevations (DF, KB, RT, GL)* 3335 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
17.500	13.375 J55	54.5	0	840		650		0	
12.250	9.625 J55	40.0	0	5280		1550		0	
8.750	5.500 P110	17.0	0	19730		3650		5150	

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	9890	9247						

25. Producing Intervals

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9923	19615	9923 TO 19615	0.430	2340	OPEN
B)						
C)						
D)						

26. Perforation Record

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

Depth Interval	Amount and Type of Material
9923 TO 19615	SEE IN REMARKS

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
06/11/2015	07/20/2015	24	→	317.0	480.0	2821.0			FLows FROM WELL
Choke Size	Tbg. Press. Flwg. SI	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
	520	1070.0	→	317	480	2821		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 #313825 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
LAMAR	5342	5387		RUSTLER	723
BELL CANYON	5388	6389		TOS	1086
CHERRY CANYON	6390	8130		BOS	5086
BRUSHY CANYON	8131	9592		LAMAR	5342
BONE SPRING LM	9593	9811		BELL CANYON	5388
				CHERRY CANYON	6390
				BRUSHY CANYON	8131
				BONE SPRING LM	9593

32. Additional remarks (include plugging procedure):
Surveys & perforation record attached.

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 #313825 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs**

Name (*please print*) STORMI DAVIS Title REGULATORY ANALYST

Signature _____ (Electronic Submission) Date 08/25/2015

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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