

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

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

Form C-104
Revised August 1, 2011

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 - 025-41666	⁵ Pool Name Red Hills; Bone Spring, North	⁶ Pool Code 96434
⁷ Property Code 40400	⁸ Property Name Sebastian Federal Com	⁹ Well Number 2H

II. ¹⁰ Surface Location

Ul or lot no. C	Section 18	Township 24S	Range 34E	Lot Idn	Feet from the 190	North/South Line North	Feet from the 1830	East/West line West	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. N	Section 18	Township 24S	Range 34E	Lot Idn	Feet from the 353	North/South Line South	Feet from the 2274	East/West line West	County Lea
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¹² Lse Code F	¹³ Producing Method Code F	¹⁴ Gas Connection Date 6/11/15	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
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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
147831	Agave Energy Company 105 S. 4 th Street Artesia, NM 88210	G

IV. Well Completion Data

²¹ Spud Date 2/24/15	²² Ready Date 6/3/15	²³ TD 15408'	²⁴ PBDT 15325'	²⁵ Perforations 10970-15310'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Socks Cement		
17 1/2"	13 3/8"	1393'	950		
12 1/4"	9 5/8"	5190'	1450		
8 3/4"	5 1/2"	15397'	3200		
	2 7/8"	10220'			

V. Well Test Data

³¹ Date New Oil 6/6/15	³² Gas Delivery Date 6/11/15	³³ Test Date 6/20/15	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 1450#	³⁶ Csg. Pressure
³⁷ Choke Size 24/64"	³⁸ Oil 1139	³⁹ Water 2264	⁴⁰ Gas 1479		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:
7/21/15

Phone:
575-748-6946

OIL CONSERVATION DIVISION

Approved by:

Title:

Petroleum Engineer

Approval Date:

09/30/15

ReComp _____ Add New Well _____
Cancel Well _____ Create Pool _____

E-PERMITTING -- New Well _____

Comp KE P&A _____ TA _____

CSNG KE Loc Chng _____

ReComp _____ Add New Well _____

OCT 07 2015

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMNM123528
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
3a. Address 2208 WEST MAIN 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. SEBASTIAN FEDERAL COM 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R34E Mer NMP NENW 190FNL 1830FWL		9. API Well No. 30-025-41666
		10. Field and Pool, or Exploratory RED HILLS; BONE SPRING, N
		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.)

2/24/15 Spud well.

2/25/15 TD 17 1/2" hole @ 1393'. Set 13 3/8" 54.5# J-55 csg @ 1393'. Cmt w/650 sx Class C. Tailed in w/300 sx. Circ 208 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.

2/28/15 TD 12 1/4" hole @ 5190'. Set 9 5/8" 40# J-55 csg @ 5190'. Cmt w/1200 sx Class C. Tailed in w/250 sx. Circ 227 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.

3/14/15 TD 8 3/4" lateral @ 15397' (KOP @ 10208'). Set 5 1/2" 17# P-110 csg @ 15397'. Set DVT @ 6702'. Cmt Stage 1 w/650 sx Class H. Tailed in w/1300 sx. Circ 188 sx. Cmt Stage 2 w/900 sx

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #297307 verified by the BLM Well Information System
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) STORMI DAVIS	Title PREPARER
Signature (Electronic Submission)	Date 04/06/2015

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 ****

Additional data for EC transaction #297307 that would not fit on the form

32. Additional remarks, continued

Class C. Tailed in w/350 sx. Circ 126 sx to surface.

3/16/15 Rig released.

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENTFORM 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. NMNM123528
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. SEBASTIAN FEDERAL COM 2H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T24S R34E Mer NMP NENW 190FNL 1830FWL		9. API Well No. 30-025-41666
		10. Field and Pool, or Exploratory RED HILLS; BONE SPRING, N
		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.)

3/27/15 to 4/16/15 MIRU. Test 9 5/8" to 1500#. Test 5 1/2" csg to 8500# for 15 mins. Good test.
Drill out DVT, FC, FS & new formation to 15408'. Circulate clean. Test annulus to 1500# for 15 mins. Good test. Set CBP @ 15325'. Test to 6400#. Good test. Perf 15300-15310' (60).
Injection test.

5/24/15 to 5/28/15 Perforate Bone Spring 10970-15250' (792). Acdz w/137588 gal 7 1/2% acid. Frac w/6925298# & 7214630 gal fluid.

5/31/15 to 6/1/15 Drilled out frac plugs & clean down to CBP @ 15325'.

6/2/15 to 6/3/15 Set 2 7/8" 6.5# L-80 tbg @ 10220' & pkr @ 10197'.

14. I hereby certify that the foregoing is true and correct.

**Electronic Submission #309762 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 07/21/2015

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 ****

Additional data for EC transaction #309752 that would not fit on the form

32. Additional remarks, continued

6/4/15 Began flowing back & testing.

6/6/15 Date of first production.

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

5. Lease Serial No.
NMNM123528

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)* At surface Sec 18 T24S R34E Mer NMP NENW 190FNL 1830FWL At top prod interval reported below Sec 18 T24S R34E Mer NMP At total depth SESW 353FSL 2274FWL			10. Field and Pool, or Exploratory RED HILLS; BONE SPRING NO 11. Sec., T., R., M., or Block and Survey or Area Sec 18 T24S R34E Mer NMP 12. County or Parish LEA 13. State NM 17. Elevations (DF, KB, RT, GL)* 3592 GL		
14. Date Spudded 02/24/2015		15. Date T.D. Reached 03/14/2015		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 06/03/2015	
18. Total Depth: MD 15408 TVD 10927		19. Plug Back T.D.: MD 15325 TVD 10927		20. Depth Bridge Plug Set: MD 15325 TVD 10927	
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) NONE			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 (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	1393		950		0	
12.250	9.625 J55	40.0	0	5190		1450		0	
8.750	5.500 P110	17.0	0	15397	6702	3200		0	

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	10220	10197						

25. Producing Intervals

26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	10970	15310	10970 TO 15310	0.430	792	OPEN
B)			15300 TO 15310		60	OPEN
C)						
D)						

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

Depth Interval	Amount and Type of Material
10970 TO 15250	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
06/06/2015	06/20/2015	24	→	1139.0	1479.0	2264.0			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	
24/64	1450		→	1139	1479	2264		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 #310408 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	5178	5215		RUSTLER	1268
BELL CANYON	5216	6174		TOS	1369
CHERRY CANYON	6175	7511		BOS	4921
BRUSHY CANYON	7512	8898		LAMAR	5178
BONE SPRING LM	8899	9950		BELL CANYON	5216
1ST BONE SPRING	9951	10650		CHERRY CANYON	6175
2ND BONE SPRING	10651	10927		BRUSHY CANYON	7512
				BONE SPRING LM	8899

32. Additional remarks (include plugging procedure):

Perfs 7 1/2% Acid Sand(#) Fluid(Gal)
 15118-15250 10719 313558 374061
 14921-15052 6132 312310 322560
 14723-14855 6552 311435 326046
 14526-14657 6048 312454 321720
 14328-14460 6048 311388 321930
 14131-14262 6024 311125 320856
 13935-14070 5982 310493 319428

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 #310408 Verified by the BLM Well Information System.
 For COG OPERATING LLC, sent to the Hobbs

Name (please print) STORMI DAVISTitle REGULATORY ANALYSTSignature (Electronic Submission)Date 07/28/2015

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**** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ** ORIGINAL ****

Additional data for transaction #310408 that would not fit on the form

32. Additional remarks, continued

13736-13867 6048 384176 476742
13538-13670 6006 305673 318864
13340-13472 6132 311492 317058
13143-13275 6024 312042 316992
12945-13078 5964 314432 314412
12748-12880 5982 310370 314892
12550-12684 6006 308668 315126
12353-12484 6006 311012 314748
12155-12287 6006 311348 314328
11958-12089 6384 312421 341880
11760-11892 6048 305899 309792
11560-11694 6174 309814 311430
11365-11497 5964 308687 313110
11165-11302 5040 311207 310926
10970-11102 6300 325294 317730
Totals 137588 6925298 7214630

Additional Tops:

1st Bone Spring 9951'

2nd Bone Spring 10651'

Surveys are attached.