

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

HOBBS OCD

Form C-104
Revised August 1, 2011

MAR 02 2016

Submit one copy to appropriate District Office

RECEIVED ☐ 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 - 025-41211 ✓	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 7H ✓

II. ¹⁰ Surface Location

Ul or lot no. DN	Section 8	Township 26S	Range 34E	Lot Idn	Feet from the 190	North/South Line South	Feet from the 2625	East/West line East	County Lea ✓
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¹¹ Bottom Hole Location

Ul or lot no. B	Section 5	Township 26S	Range 34E	Lot Idn	Feet from the 316	North/South Line North	Feet from the 2317	East/West line East	County Lea
¹² Lse Code F	¹³ Producing Method Code F		¹⁴ Gas Connection Date		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
16696	Oxy USA Inc PO Box 4294 Houston, TX 77210	O

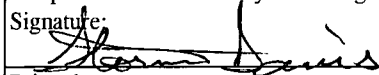
IV. Well Completion Data

²¹ Spud Date 7/14/15	²² Ready Date 2/17/16	²³ TD 19734'	²⁴ PBTB 19605'	²⁵ Perforations 10029-19585'	²⁶ DHC, MC
²⁷ Hole Size		²⁸ Casing & Tubing Size	²⁹ Depth Set		³⁰ Sacks Cement
17 1/2"		13 3/8"	800'		660
12 1/4"		9 5/8"	5402'		1665
8 3/4"		5 1/2"	19734'		4285
		2 7/8"	10001'		

V. Well Test Data

³¹ Date New Oil 2/24/16	³² Gas Delivery Date	³³ Test Date 2/28/16	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 400#	³⁶ Csg. Pressure 1040#
³⁷ Choke Size	³⁸ Oil 347	³⁹ Water 1999	⁴⁰ Gas 964		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: 

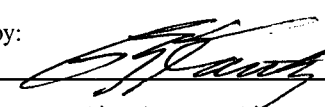
Printed name:
Stormi Davis

Title:
Regulatory Analyst

E-mail Address:
sdavis@concho.com

Date:
2/29/16

Phone:
575-748-6946

OIL CONSERVATION DIVISION	
Approved by:	
Title:	4-6-2016 Petroleum Engineer
Approval Date:	

APR 12 2016



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. NMNM124664
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. GUNNER 8 FEDERAL COM 7H ✓
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 8 T26S R34E Mer NMP SWSE 190FSL 2625FEL /		9. API Well No. 30-025-41211 ✓
10. Field and Pool, or Exploratory WC-025 G-06 S263407P		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 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.)

8/18/15 to 8/28/15 MIRU. Load & test 9 5/8" x 5 1/2" annulus to 1500#. Good test. Test 5 1/2" csg to 8500# for 15 mins. Good test. Drill out DVT. Circ clean. Test csg to 8500# for 15 mins. Good test. Perforate 19635-19645' (36). Pump injection test.

1/5/16 to 2/1/16 Set CBP @ 19605'. Test csg to 8107#. Perforate Bone Spring 10029-19585' (2304). Acdd w/196450 gal 7 1/2% acid. Frac w/19,129,271# sand & 18,240,140 gal fluid.

2/4/16 to 2/14/16 Drilled out all CFP's & cleaned out to CBP @ 19605'.

2/17/16 Set 2 7/8" 6.5# L-80 tbg @ 10001' & pkr @ 9241'.

2/22/16 Began flowing back & testing.

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

**Electronic Submission #332421 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 02/29/2016

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 ****

APR 12 2016

Additional data for EC transaction #332421 that would not fit on the form

32. Additional remarks, continued

2/24/16 Date of first production.