

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

Submit one copy to appropriate District Office

1220 South St. Francis Dr.

Santa Fe, NM 87505

☐ 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 - 025-43390	⁵ Pool Name Lusk; Bone Spring	⁶ Pool Code 41440
⁷ Property Code 308161	⁸ Property Name Lusk Deep Unit A	⁹ Well Number 33H

II. ¹⁰ Surface Location

Ul or lot no. P	Section 18	Township 19S	Range 32E	Lot Idn	Feet from the 373	North/South Line South	Feet from the 1166	East/West line East	County Lea
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¹¹ Bottom Hole Location

Ul or lot no. O	Section 19	Township 19S	Range 32E	Lot Idn	Feet from the 50	North/South Line South	Feet from the 1822	East/West line East	County Lea
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¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date 10/19/16	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
	Alpha Crude Connector Pipeline	O
151618	Enterprise Field Services, LLC P.O. Box 4503 Houston, TX 77210-4503	G

IV. Well Completion Data

²¹ Spud Date 8/31/16	²² Ready Date 10/17/16	²³ TD 14630'	²⁴ PBTB 14380'	²⁵ Perforations 9483-14347'	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	886'	930		
12 1/4"	9 5/8"	4359'	2790		
8 3/4"	5 1/2"	14630'	2150		
	2 7/8"	8744'			

V. Well Test Data

³¹ Date New Oil 10/19/16	³² Gas Delivery Date 10/19/16	³³ Test Date 10/22/16	³⁴ Test Length 24 Hrs	³⁵ Tbg. Pressure 420#	³⁶ Csg. Pressure 200#
³⁷ Choke Size	³⁸ Oil 286	³⁹ Water 1288	⁴⁰ Gas 303		⁴¹ Test Method Pumping

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:

11/18/16

Phone:

575-748-6946

OIL CONSERVATION DIVISION

Approved by:



Title:

Petroleum Engineer

Approval Date:

11/28/16

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.

NOV 28 2016

RECEIVED

SUBMIT IN TRIPLICATE - Other instructions on page 2

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No. NMNM025566
2. Name of Operator COG OPERATING LLC		6. If Indian, Allottee or Tribe Name
Contact: STORMI DAVIS E-Mail: sdavis@concho.com		7. If Unit or CA/Agreement, Name and/or No.
3a. Address 2208 WEST MAIN ARTESIA, NM 88210	3b. Phone No. (include area code) Ph: 575-748-6946	8. Well Name and No. LUSK DEEP UNIT A 33H
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T19S R32E Mer NMP SESE 373FSL 1166FEL		9. API Well No. 30-025-43390
		10. Field and Pool or Exploratory Area LUSK; BONE SPRING
		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

9/28/16 Test 5 1/2" x 9 5/8" annulus to 1500#. Good test. Ran CBL. TOC @ 270'.

10/2/16 to 10/6/16 Set CBP @ 14380'. Perforate 9483-14347' (1188). Acid w/100424 gal 7 1/2% acid. Frac w/7358554# sand & 6547717 fluid.

10/13/16 to 10/14/16 Drilled out all CFP's & cleaned out to CBP @ 14380'.

10/17/16 Set 2 7/8" 6.5# L-80 tbg @ 8744'. Placed well on pump.

10/19/16 Date of first production.

14. I hereby certify that the foregoing is true and correct. Electronic Submission #358522 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 11/21/2016

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.

(Instructions on page 2)

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

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED
OMB NO. 1004-0137
Expires: January 31, 2018**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.

NOV 28 2016

SUBMIT IN TRIPLICATE - Other instructions on page 2

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		8. Well Name and No. LUSK DEEP UNIT A 33H
2. Name of Operator COG OPERATING LLC		9. API Well No. 30-025-43390
3a. Address 2208 WEST MAIN ARTESIA, NM 88210		10. Field and Pool or Exploratory Area LUSK; BONE SPRING
3b. Phone No. (include area code) Ph: 575-748-6946		
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Sec 18 T19S R32E Mer NMP SESE 373FSL 1166FEL		11. County or Parish, State LEA COUNTY, NM

12. CHECK THE 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"/> Hydraulic Fracturing	<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 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 checked="" 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 must 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 must be filed once testing has been completed. Final Abandonment Notices must be filed only after all requirements, including reclamation, have been completed and the operator has determined that the site is ready for final inspection.

Required Information for the Disposal of Produced Water:

- 1) Name of formation producing water on lease: Bone Spring
- 2) Amount of water produced in barrels per day: 1000 BWPD
- 3) How water is stored on lease: 2 - 500 bbl fiberglass tanks
- 4) How water is moved to disposal facility: Pipeline
- 5) Disposal Facility:
 - a) Facility Operator Name: COG Operating LLC
 - b) Name of facility or well name & number: Lusk Deep Unit A 19 SWD (SWD-821)
 - c) Type of facility of well: WDW
 - d) Location by 1/4, 1/4, Section, Township & Range: SESW, Sec 17-T19S-R32E

14. I hereby certify that the foregoing is true and correct. Electronic Submission #358523 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 11/21/2016

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 _____

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(Instructions on page 2)

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UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

HOBBS OCD

FORM APPROVED
OMB No. 1004-0137
Expires: July 31, 2010

WELL COMPLETION OR RECOMPLETION REPORT AND LOG

NOV 28 2016

RECEIVED

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 WEST MAIN 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 SESE 373FSL 1166FEL ✓ At top prod interval reported below Sec 19 T19S R32E Mer NMP At total depth SWSE 50FSL 1822FEL			8. Lease Name and Well No. LUSK DEEP UNIT A 33H ✓		
14. Date Spudded 08/31/2016			15. Date T.D. Reached 09/20/2016		
16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 10/17/2016			9. API Well No. 30-025-43390 ✓		
18. Total Depth: MD 14630 TVD 9270			19. Plug Back T.D.: MD 14380 TVD 9274		
20. Depth Bridge Plug Set: MD 14380 TVD 9274			10. Field and Pool, or Exploratory LUSK; 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 18 T19S R32E 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		
23. Casing and Liner Record (Report all strings set in well)			13. State NM		
17. Elevations (DF, KB, RT, GL)* 3585 GL			17. Elevations (DF, KB, RT, GL)* 3585 GL		

Hole Size	Size/Grade	Wt. (#/ft.)	Top (MD)	Bottom (MD)	Stage Cementer Depth	No. of Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
17.500	13.375 J55	54.5	0	886		930		0	
12.250	9.625 J55	40.0	0	4359	2775	2790		0	
8.750	5.500 P110	17.0	0	14630		2150		270	

Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)	Size	Depth Set (MD)	Packer Depth (MD)
2.875	8744							

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) BONE SPRING	9483	14347	9483 TO 14347	0.430	1188	OPEN
B)						
C)						
D)						

Depth Interval	Amount and Type of Material
9483 TO 14347	SEE ATTACHED

Date First Produced	Test Date	Hours Tested	Test Production	Oil BBL	Gas MCF	Water BBL	Oil Gravity Corr. API	Gas Gravity	Production Method
10/19/2016	10/22/2016	24	→	286.0	303.0	1288.0			ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI	420	200.0	→	286	303	1288		POW	

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.	Csg. Press.	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
SI			→						

(See Instructions and spaces for additional data on reverse side)

ELECTRONIC SUBMISSION #358520 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
CHERRY CANYON	4623	5652		RUSTLER	711
BRUSHY CANYON	5653	7045		TANSILL	2435
BONE SPRING LM	7046	8336		CAPITAN	2965
1ST BONE SPRING	8337	9026		QUEEN	3702
2ND BONE SPRING	9027	9277		CHERRY CANYON	4623
				BRUSHY CANYON	5653
				BONE SPRING LM	7046
				1ST BONE SPRING	8337

32. Additional remarks (include plugging procedure):
Surveys & perfs/stimulation are attached.

Additional Tops:
2nd Bone Spring 9027'

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 #358520 Verified by the BLM Well Information System.
For COG OPERATING LLC, sent to the Hobbs

Name (please print) STORMI DAVIS

Title PREPARER

Signature (Electronic Submission)

Date 11/21/2016

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

LUSK DEEP UNIT A #33H**30-025-43390****Sec 18-T19S-R32E**

<u>Perfs</u>	<u>7 1/2% Acid (Gal)</u>	<u>Sand (#)</u>	<u>Fluid (Gal)</u>
14246-14347	3978	223780	246,372
14097-14197	3012	222720	211,890
13948-14039	3012	225930	206,472
13799-13892	3012	226230	204,750
13650-13752	3012	224310	202,944
13502-13603	3024	223770	202,230
13353-13454	3012	224390	198,912
13210-13305	3012	221980	197,652
13055-13156	3012	222830	195,804
12906-13007	3024	224840	188,496
12757-12854	2982	224180	196,938
12609-12710	3012	224480	196,518
12460-12561	3012	220970	202,104
12311-12412	3024	221260	195,972
12162-12263	3012	224790	195,636
12013-12114	3024	223540	193,914
11864-11966	3024	225300	195,594
11716-11817	3012	226540	196,182
11567-11668	3024	224620	194,964
11418-11519	3012	222560	193,200
11269-11370	3012	222550	193,368
11120-11221	3012	224630	195,048
10971-11073	3012	224170	191,352
10822-10924	3012	217064	195,720
10674-10775	3012	224330	194,124
10525-10626	3000	221640	203,322
10376-10477	3024	211150	190,428
10227-10328	3012	225440	191,604
10078-10180	3012	221380	208,866
9930-10031	3012	223430	193,746
9781-9882	3012	216690	189,210
9632-9733	3024	222460	192,192
9483-9582	3024	224600	192,360
Totals	100428	7358554	6547884