

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

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address <b>COG Operating LLC</b> One Concho Center 600 W. Illinois Ave. Midland, TX 79701		<sup>2</sup> OGRID Number 229137
		<sup>3</sup> Reason for Filing Code/ Effective Date NW Effective 8/13/17
<sup>4</sup> API Number 30 - 025 - 41489	<sup>5</sup> Pool Name Maljamar; Yeso, West	<sup>6</sup> Pool Code 44500
<sup>7</sup> Property Code 40134	<sup>8</sup> Property Name Sneed 9 Federal Com	<sup>9</sup> Well Number 21H

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
D	9	17S	32E		330	North	150	West	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
D	10	17S	32E		349	North	1280	West	Lea

<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date 8/13/17	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date
-----------------------------	---	---	-----------------------------------	------------------------------------	-------------------------------------

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> O/G/W
27841	Holly Transportation, LLC	O
36785	Frontier Energy Services	G

IV. Well Completion Data

<sup>21</sup> Spud Date 6/13/17	<sup>22</sup> Ready Date 8/13/17	<sup>23</sup> TD 12,628MD 6403TVD	<sup>24</sup> PBDT 12,345	<sup>25</sup> Perforations 6445 - 12325	<sup>26</sup> DHC, MC
<sup>27</sup> Hole Size	<sup>28</sup> Casing & Tubing Size	<sup>29</sup> Depth Set	<sup>30</sup> Sacks Cement		
17-1/2	13-3/8	982	9000sx		
12-1/4	9-5/8	2298	800sx		
8-3/4	7	5690			
8-3/4	5-1/2	12,615	2700sx		
	2-7/8 tbg	6469			

V. Well Test Data

<sup>31</sup> Date New Oil 8/17/17	<sup>32</sup> Gas Delivery Date 8/15/17	<sup>33</sup> Test Date 8/20/17	<sup>34</sup> Test Length 24hrs	<sup>35</sup> Tbg. Pressure 70	<sup>36</sup> Csg. Pressure 70
<sup>37</sup> Choke Size	<sup>38</sup> Oil 323	<sup>39</sup> Water 2131	<sup>40</sup> Gas 192		<sup>41</sup> Test Method P

<sup>42</sup> 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: Kanicia Castillo

Title: Lead Regulatory Analyst

E-mail Address: kcastillo@concho.com

Date: 9/6/17 Phone: 432-685-4332

OIL CONSERVATION DIVISION

Approved by:



Title: Petroleum Engineer

Approval Date: 10/04/17

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.*

SEP 11 2017

**SUBMIT IN TRIPLICATE - Other instructions on page**

RECEIVED

5. Lease Serial No.  
NMNM0315712

6. If Indian, Allottee or Tribe Name

7. If Unit or CA/Agreement, Name and/or No.

1. Type of Well

☒ Oil Well ☐ Gas Well ☐ Other8. Well Name and No.  
SNEED 9 FEDERAL COM 21H2. Name of Operator  
COG OPERATING LLCContact: KANICIA CASTILLO  
E-Mail: kcastillo@concho.com9. API Well No.  
30-025-414893a. Address  
600 W ILLINOIS AVE  
MIDLAND, TX 797013b. Phone No. (include area code)  
Ph: 432-685-433210. Field and Pool or Exploratory Area  
MALJAMAR; YESO, WEST

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Sec 9 T17S R32E Mer NMP 330FNL 150FWL

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	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 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 must 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 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.

7/07/17 Spotted 2500 gals acid.

7/20/17 Test production casing to 6147# for 30mins, good test.

7/20/17 - 8/02/17 Perf 37 stages @ 6445 ? 12325 w/6 SPF, 1332 holes. Acidize 37 stages w/147,168 gals 15% HCL. Frac w/546,840 gals treated water, 9,402,702 gals slick water, 2,775,400# 100 mesh

sand, 5,021,310# 40/70 white sand, 1,044,740# 40/70 CRC.

8/07/17 ? 8/11/17 Drill out plugs. Clean out to PBTD 12,345.

8/13/17 RIH w/ESP, 194jts 2-7/8" J55 tbg, EOT @ 6469. Hang on.

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

**Electronic Submission #387244 verified by the BLM Well Information System  
For COG OPERATING LLC, sent to the Hobbs**

Name (Printed/Typed) KANICIA CASTILLO

Title PREPARER

Signature (Electronic Submission)

Date 09/01/2017

## 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 \*\*



**Additional data for transaction #387565 that would not fit on the form**

32. Additional remarks, continued

HOBBS OCD

Form 3160-4  
(August 2007)UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SEP 11 2017

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

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG

RECEIVED

5. Lease Serial No.  
NMNM0315712

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		8. Lease Name and Well No. SNEED 9 FEDERAL COM 21H	
Contact: KANICIA CASTILLO E-Mail: kcastillo@concho.com			
3. Address 600 W ILLINOIS AVE ONE CONCHO CENTER MIDLAND, TX 79701		9. API Well No. 30-025-41489	
3a. Phone No. (include area code) Ph: 432-685-4332			
4. Location of Well (Report location clearly and in accordance with Federal requirements)* Sec 9 T17S R32E Mer NMP At surface Lot D 330FNL 150FWL Sec 9 T17S R32E Mer NMP At top prod interval reported below 399FNL 682FWL Sec 10 T17S R32E Mer NMP At total depth Lot D 349FNL 1280FWL		10. Field and Pool, or Exploratory MALJAMAR;YESO, WEST	
		11. Sec., T., R., M., or Block and Survey or Area Sec 9 T17S R32E Mer NMP	
		12. County or Parish EDDY	
		13. State NM	
14. Date Spudded 06/13/2017		15. Date T.D. Reached 06/26/2017	
		16. Date Completed <input type="checkbox"/> D & A <input checked="" type="checkbox"/> Ready to Prod. 08/13/2017	
17. Elevations (DF, KB, RT, GL)* 4089 GL			
18. Total Depth: MD 12628 TVD 6403		19. Plug Back T.D.: MD 12345 TVD 6403	
20. Depth Bridge Plug Set: MD TVD			
21. Type Electric & Other Mechanical Logs Run (Submit copy of each) CN		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 Sks. & Type of Cement	Slurry Vol. (BBL)	Cement Top*	Amount Pulled
12.250	9.625 J55	40.0		2298		800			
8.750	7.000 L80	29.0		5690					
8.750	5.500 L80	17.0		12615		2700			
17.500	13.375 J55	54.5	0	982		900		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	6469							

## 25. Producing Intervals

## 26. Perforation Record

Formation	Top	Bottom	Perforated Interval	Size	No. Holes	Perf. Status
A) YESO	6445	12325	6445 TO 12325	0.430	1332	OPEN
B)						
C)						
D)						

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

Depth Interval	Amount and Type of Material
6445 TO 12325	ACIDIZE W/ 147,168 15% ACID, FRAC W/ 546,840 GALS TREATED WATER, 9,402,702 GALS SLICK WATER,

## 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
08/15/2017	08/20/2017	24	→	323.0	192.0	2131.0	36.2	0.60	ELECTRIC PUMP SUB-SURFACE
Choke Size	Tbg. Press. Flwg. SI	Csg. Press. SI	24 Hr. Rate	Oil BBL	Gas MCF	Water BBL	Gas:Oil Ratio	Well Status	
		70.0	→	323	192	2131	594	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. SI	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 #387565 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
QUEEN	3211		SANDSTONE	QUEEN	3211
GRAYBURG	3660		DOLOMITE & ANHYDRITE	GRAYBURG	3660
SAN ANDRES	3959		DOLOMITE & ANHYDRITE	SAN ANDRES	3959
PADDOCK	5525		DOLOMITE	PADDOCK	5525

32. Additional remarks (include plugging procedure):  
Logs will be submitted in WIS.

OCD will receive their logs via mail.

Casing pressure tests for OCD records:

6/15/17 Test 13-3/8 casing to 1500# for 30 mins, good test.

6/17/17 Test 9-5/8 casing to 1500# for 30 mins, good test.

## 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 #387565 Verified by the BLM Well Information System.**  
**For COG OPERATING LLC, sent to the Hobbs**

Name (please print) KANICIA CASTILLO

Title PREPARER

Signature \_\_\_\_\_ (Electronic Submission)

Date 09/06/2017

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.

**\*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\* ORIGINAL \*\***